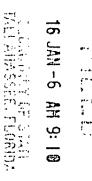
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<u></u>	
GALLOWAY MEDICAL PARK	
ASSOCIATES, II LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
•	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	✓ Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
•	Vehicle Search
	Driving Record
Requested by: SETH 01/06/16 AM	UCC 1 or 3 File
Name Date Tim	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

Div	ision of C	orporations		
SUBJECT:	GALLOV	VAY MEDICAL PARK ASSO	CIATES II, LLC	
SUBJECT:		Name of Li	mited Liability Company	
	•			
The enclosed	Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return	all corresp	ondence concerning this matte	er to the following:	
		AILEEN ORTEGA		
			Name of Person	·
		LARREA & ORTEGA		
		<u>.</u>	Firm/Company	- · · · - · · · · · · · · · · · · · · ·
		150 ALHAMBRA CIRCI	LE, SUITE 950	
			Address	
	LARREA & ORTEGA Firm/Company 150 ALHAMBRA CIRCLE, SUITE 950 Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code vivian@canteratax.com E-mail address: (to be used for future annual report notification) at (
	•	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
				··
		E-mail address:	(to be used for future annual report notif	ication)
For further inf	ormation c	oncerning this matter, please c	all:	
AILEEN ORT	EGA		-1/	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

TO:

Registration Section

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALLOWAY MEDICAL PARK	ASSOCIATES II,	LLC	
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our records;) Liability Company)	
The Articles of Organization for this Limited Florida document number £15000213610	Liability Company	were filed on JANUARY 1, 2016	and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liab	ollity company here:	
* / 1, 1, 1, 1	<u> </u>		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		150 ALHAMBRA CIRCLE, SUITE 925	
		CORAL GABLES, FLORIDA 33134	
Enter new mailing address, if applicable:		150 ALHAMBRA CIRCLE, SUITE 925	·
	BOX)	CORAL GABLES, FLORIDA 33134	
	····		
			<u> </u>
Name of New Registered Agent:	DADE CORPO	RATE SERVICES, INC.	SSEE -6
New Registered Office Address:	2300 CORAL.V	VAY	9
		Enter Florida street address	22 (C)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name of the limited liability company here: The new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (CORAL GABLES, FLORIDA 33134 Enter new mailing address MAY BE A POST OFFICE BOX) Enter registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DADE CORPORATE SERVICES, INC. Enter Florida street address DADE CORPORATE SERVICES, INC. Enter Florida street address			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LIDIA CARTAYA	150 ALHAMBRA CIR #800	□ Add
		CORAL GABLES, FL 33134	■ Remove
			□ Change
MGR	CARLOS C, LOPEZ-CANTERA	150 ALHAMBRA CIR #925	■ Add
		CORAL GABLES, FL 33134	□ Remove
			☐ Change
			Add
		·	☐ Remove
			□ Change
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			□ Remove □ Change
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Effec	ctive date, if other than the date of filling:	(optional)	
(it an e	Meetive date is listed; the date must be specific and cannot be prior; if the date inserted in this block does not meet the applica	to date of filing or more than 90 days after filing.) Pursuant to	605.0207 listed as (
docu	ment's effective date on the Department of State's records.		
rha re	cord specifies a delayed effective date, but not	an offective time at 12:01 a.m. on the ea	rlier of:
	e 90th day after the record is filed.	an elective time, at 12.01-4.111. Of the ea	iner or.
	JANUARY 4 , 2016 .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00