

L16000103770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2021 SEP 22 AM 9:44

CLERK OF STATE
TALLAHASSEE, FL

SEP 22 2021

X

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 017108 7144145

AUTHORIZATION : 

COST LIMIT : \$ 55.00

ORDER DATE : September 20, 2021

ORDER TIME : 9:57 AM

ORDER NO. : 017108-020

CUSTOMER NO: 7144145

DOMESTIC AMENDMENT FILING

NAME: ORANGE ACCOUNTABLE CARE
ORGANIZATION OF SOUTH
FLORIDA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2021

RESUBMIT

CSC

Please give original
submission date as file date.

SUBJECT: ORANGE ACCOUNTABLE CARE ORGANIZATION OF SOUTH
FLORIDA LLC
Ref. Number: L16000103770

We have received your document for ORANGE ACCOUNTABLE CARE ORGANIZATION OF SOUTH FLORIDA LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 521A00023044

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2021 SEP 24 AM 11:49

FILED
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orange Accountable Care Organization of South Florida LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlow Hernandez

Name of Person

Cano Health, LLC

Firm/Company

9725 NW 117th Ave.

Address

Miami, FL 33178

City/State and Zip Code

mhernandez@canohealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlow Hernandez

954 998-9615
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Orange Accountable Care Organization of South Florida LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 27, 2016 and assigned
Florida document number L16000103770.

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 must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9725 NW 117th Ave.

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33178

Enter new mailing address, if applicable:

9725 NW 117th Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33178

B. If amending the 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:

Name of New Registered Agent:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

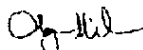
Florida 33324

City

Zip Code

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.



Olga Hinkel, VP

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marc Schachtman	1 Alhambra Plaza, PH	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amadeo Cabral, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pablo Quintela, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Antonio Fernandez, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dario Pancorbo, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo Calonge, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Milton Jimenez, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles Yanes, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marlon Gilbert, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Todd Kazdan, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jane Cohen, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason Haffizulla, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Esther Alonso, MD	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mara Oliver	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cano Health, LLC	9725 NW 117th Ave.	<input checked="" type="checkbox"/> Add
		Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 20 2021

Signature of a member or authorized representative of a member

Marlow Hernandez

Typed or printed name of signee