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(((H20000166843 3)))



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To:

Division of Corporations

Fax Number : (850)617+6383

From:

Account Name : EILZIN SUMBERG BAENA PRICE & AMELRODELLP

Account Number : 075350000132

Phone : (305)374-7580 Fax Number : (305)351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please .

vva@bilzin.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORANGE ACCOUNTABLE CARE ORGANIZATION LLC

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION-3 AM 10: 28

ARTICLES OF ORGANIZATION -3 Air 10: 2

ORANGE ACCOUNTABLE CARE ORGANIZAT		1
(Name of the Limited Liability Com) (A Florida Limite)	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compan	ny were filed on 05/31/2016	and assigned
lorida document number L16000105809		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
ne new name must be distinguishable and contain the words "Limited Lin	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
 If amending the registered agent and/or registered offic 	e address on our records, enter th	ne name of the new register
gent and/or the new registered office address here:	_	
N		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street additess	<u> </u>
	, Flor	rida
	Сиу	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.

If Changing Registered Agent, Signature of New Registered Agent

(((H20000166843-3)))
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 = N AMBR = A	lanager authorized Member	2020 JUH - 3 Ali 10: 28	
<u>Title</u>	Name	Address	Type of Action
MGR	ENPOSITO, FRANK	14750 NW 77 COURT, #308	□Add
		MIAMI LAKES. FL 33016	Remove
			[] Change
MGR EXPOSITO, LISSETTE	EXPOSITO, LISSETTE	14750 NW 77 COURT, #308	≣ Add
		MIAMI LAKES, FL 33016	[]Remove
			□ Change
MGR GOLF	GOLDSTEIN, RICHARD M.	1450 BRICKELL AVENUE, 23RD FLOOR	
		MIAMI, FL 33131	[]Remove
			[] Change
	<u> </u>		🗀 Add
			[]Remove
			[]Change
			□Add
			[]Remove
			Change
			🗆 Add
			□Remove
			□Change

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	2020 1191
D. If amending any other information, enter change(s) here: (Att	tach additional sheets. innedessary)
	·
	%
E. Effective date, if other than the date of filing: MARCH 1, 2020	(орионаі)
(If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
document's effective date on the Department of State's records.	tatatory thing requirements, this date with hot or have an an
If the record specifies a delayed effective date, but not an effective time, a record is filed.	t 12:01 a.m. on the earlier of: (b) The 90th day after the
6/1/2020 Dated	
17dtQt	
<u> </u>	<u></u>
Signature of a member or authorized	representative of a member
LISSETTE ENP	OSITO
Typed or printed nan	
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Filing Fee: \$25.00