

11/16/2016 16:45

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LAZARUS

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L16000203588

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEAL MEDICAL CENTER I, LLC

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NOV 17 2016

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H160002032.75

LEAL MEDICAL CENTER I, 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 11/15/2016 and assigned
Florida document number L16000203588

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:

(Principal office address MUST BE A STREET ADDRESS)

1690 NE 8th St
HOMESTEAD, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1690 NE 8th St
HOMESTEAD FL 33033

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:

JHACNEA LEAL

New Registered Office Address:

1690 NE 8th St

Enter Florida street address

HOMESTEAD, Florida 33033

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.

JHACNEA LEAL
If Changing Registered Agent, Signature of New Registered Agent

H160002032.75

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 | JHACNEA LEAL | 1690 NE 8th St | <input checked="" type="checkbox"/> Add |
| | | Homestead, FL 33033 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MARTA R. FERNANDEZ | 15441 SW 158 St | <input type="checkbox"/> Add |
| | | Miami FL 33187 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

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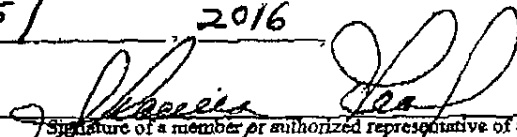
E. Effective date, if other than the date of filing: _____ (optional)

(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 11/15/ 2016



Signature of a member or authorized representative of a member

JHACNEA LEAL

MGR

Typed or printed name of signer

H16000283275