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COVER LETTER

то:	Registration S Division of Co		•	,
CHR IEA	Cypress C	reek Medical Pavilion, LLC		
30001.	C1	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		Registered Agents, Inc.		
			Name of Person	
			Firm/Company	
		420 S. Dixie Hwy, Suite 4	В	
			Address	
		Coral Gables, FL 33146		
		amaresca@anfgroup.com	City/State and Zip Code	
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)
	Fernandez	- The second of	954 449-1602	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$ 25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cypress Creek Medical Pavilion, 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 November 17, 2016 and assigned Florida document number <u>L16000210585</u> 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 "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) 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: New Registered Office Address: 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 further math and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, Fifth decument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lia

If Changing Registered Agent, Signature of New Registered

company has been notified in writing of this 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>	Type of Action
MGR	Alberto Fernandez	2700 Davie Road, Davie, FL 33314	⊟ Add
			Remove
			Change
MGR	Nelson Fernandez	2700 Davie Road, Davie, FL 33314	_
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Remove FI
			TRAUG 21 PNEW 02 PALLAHASSEE, FILORIDA
			NIDA Remove
			Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	-y.)
	
	
	
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E. Effective date, if other than the date of filing:	.) Pursuant to 605.0207 (3)(b) will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier of:
Dated	
	17 1 SECI
Signature of a member or iturkorized representative of a member	NG3
Typed or printed name of signee	FILET
Page 3 of 3	PH 4: 02 OF STATE FLORIDA

Filing Fee: \$25.00