

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHYSICIANS PARTNERS GROUP MERGER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

O SIMMONS

MAY 28 2020

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

2020 MAY 27 AM 11:18

Physicians Partners Group Merger, 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 March 9, 2017 and assigned Florida document number L17000052260.

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) _____

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

_____, Florida _____
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.

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

2020 May 27 AM 11:18 Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joel Lago	8004 NW 154 Street, Suite 208	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cano Health, LLC	9725 NW 117 Avenue, Suite 200	<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
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Page 2 of 3

D. In recommending any other information, enter change(s) here. (Attach additional sheets, if necessary.)

2020 MAY 27 AMIL: 1-8—

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 30 days after filing.) Pursuant to 605.0207 (5)(b)

Date If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 May 27, 1920

Signature of a member or authorized representative of a member

Dr. Marlow Hernandez

Type or printed name of signer

Dr. Marlow Hernandez

Type / or printed name of signee: _____