

L17.000075885

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TALLAHASSEE, FLORIDA

**S Warren**

APR 17 2017

**MANUEL ALONSO-POCH, P.A.**

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MANUEL ALONSO-POCH, Esq.  
FLORIDA SUPREME COURT  
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April 11, 2017

**VIA REGULAR MAIL**

**Secretary of State**

State of Florida  
Department of State  
Division of Corporations  
Registration Section  
P.O BOX 6327  
Tallahassee, Florida  
32314

Re: AEGIS INTEGRATED MEDICAL GROUP LLC.  
Document No. L 17000075885

Dear Mr. Secretary:

This firm represents AEGIS INTEGRATED MEDICAL GROUP LLC. regarding its corporate affairs.

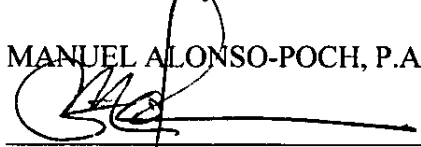
Enclosed are Articles of Amendment to the Articles of Incorporation of AEGIS INTEGRATED MEDICAL GROUP LLC. and the \$25.00 filing fee.

Please return all correspondence in connection with this LLC to the undersigned, at the address on our letterhead.

Should you have any questions please contact me at the above listed telephone number.

Sincerely,

MANUEL ALONSO-POCH, P.A.



Manuel Alonso-Poch, Esq.

MAP:ab  
Encls.

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

Aegis Integrated Medical Group 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 04/04/2017 and assigned  
Florida document number L17000075885.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Aegis Integrated Medical Management Services LLC.

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)**

3520 Rockerman Road

Miami, Florida 33133

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3520 Rockerman Road

Miami, Florida 33133

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

**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.*

N/A

**If Changing Registered Agent, Signature of New Registered Agent**

*[Handwritten Signature]*

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a physical scan. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** 04/04/2017 (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.

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

Dated 04/11 2017

11 \_\_\_\_\_, 2017  
*[Signature]*, MANAGER

Signature of a member or authorized representative of a member

**Manuel Alonso-Poch, Manager**

Typed or printed name of signee

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