

L17000159417

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMESTEAD MEDICAL CENTER LLC**

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H17000263875

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOMESTEAD MEDICAL CENTER 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 July 25, 2017 and assigned Florida document number L17000159417

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:

DANIEL OROZCO

New Registered Office Address:

704 WASHINGTON AVE

Enter Florida street address

HOMESTEAD

Florida

33030

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

H17000263875

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR DANIEL OROZCO 704 WASHINGTON AVE ☒ Add
HOMESTEAD FL 33030 ☐ Remove

☐ Change

MGR ODALYS P. FRONTELA 704 WASHINGTON AVE ☐ Add
HOMESTEAD FL 33030 ☒ Remove

☐ Change

MGR	ROBERTO GUERRA DEL CASTILLO	704 Washington Ave	<input checked="" type="checkbox"/> Add
		HOMESTEAD FL 33030	<input type="checkbox"/> Remove

☐ Change

☐ Add
☐ Remove
☐ Change
☐ Add

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is filed, the date must be the date of the filing of the application.)

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 September 22, 2017

Signature of a member or authorized representative of a member

ODALYS P. / FRONTELA MD

Typed or printed name of signee

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