Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000126568 3)))



H190001285683ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

_	•	•	- 1 2	
C 104	4 1		Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMUNITY MED PLAN L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 18 2019

04/17/2019 413:03 3052201440

Articles of Amen	dment to I	LLC Articles	s of Organizati	on of
COMMUNITY	MED	PLAN	L.L.C.	

The Articles of Organization for this Limited Liability Company were filed on O /25/20/7 and assigned Florida document number.

1 <u>417000182844</u>
This amendment is submitted to amend the following:
The Removal of Mr. Frank Ospine (AMBR)
Learing only Mr. RUSOLF AMAYA, AS
Registered Agent and AMBR with
The zights of 100% of commenty
med Plan ILC.
<u></u>
To q
These articles of amendment were adopted on
Dated 04-17-2019
Samuel !
Signature of a member or pathorized representative of a member RUDOLF AMAYA AMBR
Typed or printed name of Signee
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing