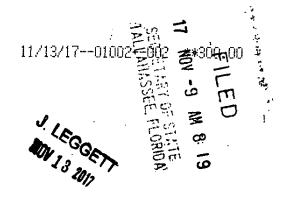
## L17600187672

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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/09/2017	**WA	LK IN**
ENTITY NAME RMA OF	FLORIDA LLC/ RMAFL MANAGEMENT, LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XX	Plain Copy	
	Certified Copy Certificate of Status	
**PC	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATE		
TOTAL OWED \$25.00	CHECK #4214	
Please call Tina at the	above number for any issues or concerns. Thank you so much!	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMA OF FLORIDA, LLC		
( <u>Name of the Limited Liabflity</u> (A Florida I	Company as it now appears on our records. Limited Liability Company)	)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000187672</u>	mpany were filed on September 1, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
RMAFL MANAGEMENT, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 3 SE
Principal office address MUST BE A STREET ADDRE	ESS)	至
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		-9 AH 88 19 SEEL FLORRIDA
3. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, ess here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Ciţv	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	George Patounakis, M.D.	3364 Horseshoe Bend Ct	Add
		Longwood, FL 32779	Remove
			☐ Change
AP	Timothy Alim	140 Allen Rd	<b>∃</b> Add
		Basking Ridge, NJ 07920	☐ Remove
			Change
AP	Richard Scott, M.D.	140 Allen Rd	
		Basking Ridge, NJ 07920	Remove
			☐ Change
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`an effect <u>Vote:</u> If	date, if other than the date of filing:	g.) Pursuant	to 605.020 be listed a
f an effect Note: If Nocumen	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant e will not t	be listed a
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Filing Fee: \$25.00