

12/26/2017

L17 000 243845

Division of Corporations  
 Florida Department of State  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CANO MEDICAL CENTER OF WEST FLORIDA, LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANO MEDICAL CENTER OF WEST FLORIDA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Zurcher

Name of Person

Goodwin Procter LLP

Firm/Company

620 Eighth Avenue

Address

New York, NY 10018-1405

City/State and Zip Code

azurcher@goodwinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Zurcher

212

459-7171

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status &  
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(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cano Medical Center of West Florida, 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 November 28, 2017 and assigned Florida document number L17000243845.

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**)

4160 N. Armenia Avenue

Suite A

Tampa, FL 33607

Enter new mailing address, if applicable:

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

4160 N. Armenia Avenue

Suite A

Tampa, FL 33607

**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)

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anthony Zurcher	620 Eighth Avenue	<input type="checkbox"/> Add
		New York, NY 10018-1405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Zurcher	620 Eighth Avenue	<input type="checkbox"/> Add
		New York, NY 10018-1405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Orlando Rangel, M.D., P.A.	4160 N. Armenia Avenue	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

17 DEC 26 AM 7: 82  
ST. CLERK OF DIST.  
FALLS CHASSIS, CALIFORNIA

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TALLAHASSEE FL ORNA

**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.

Dated December 26, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer