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COVER LETTER

Division of Co	porations		
Cardiac Cl	N of Tampa, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hutton Eadie		
		Name of Person	
	Cardiac CIN of Tampa, LL	.c	
		Firm/Company	
	102 Woodmont Blvd, Suite	2 350	
		Address	
	Nashville, TN 37205		
	headie@episodesolutions.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
Hutton Eadie		615 733-2064 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Cardiac CIN of Tampa, LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/21/2017	and assigned
Florida document number L17000259957		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Cardiac CIN of Florida, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
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2		00
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		1 d l
		TE GOD
3. If amending the registered agent and/or registered	d office address on our records, en	ter the name of the
egistered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Madda	
	, Florida	7in 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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ctive date, if other than the date	of filing:		(o	ptional)	C7
effective date is listed, the date must be spe e: If the date inserted in this block do unent's effective date on the Departm			r more than 90 days a	after filing.) P	ursuant to 60
iment's effective date on the Departm	ent of State's record	ls.		instance w	n not be us
ecord specifies a delayed effe ne 90th day after the record is	ctive date, but r	ot an effectiv	e time, at 12:0	1 a.m. on	the earl
and the record is	med.				
October 30	2018				
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Filing Fee: \$25.00