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Amendai

MAY 2 8 2019 I ALBRITTON

## **COVER LETTER**

Division of Corporations:	• • •		
SUBJECT:	Name of Limited	a PROTON The Paper Liability Company	Institute, L.L.C.
The enclosed Articles of Amendment			
Please return all correspondence conc	erning this matter to t 	he following:	•
		Name of Person	(1
		Firm/Company	y Institute, LLC
25	53 N.W. 5	2nd Street	
Ro		Address  Fla. 33496  ity/State and Zip Code	
		ity/State and Zip Code  51 (a) AOL a Co  used for future annual report notifi	
For further information concerning thi	•	e used for future annual report nouti	cation)
Name of Person	6.	at ( <u>561</u> ) <u>998</u> -	19946 Telephone Number
Enclosed is a check for the following:		El dies (W. Fillian Eng. 9.	El CO (V) Elling For
	Filing Fee & Ificate 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 ADDRI Registration Section Division of Corpora P.O. Box 6327	tions	STREET/COURIE Registration Section Division of Corpora Clifton Building	n ations
Tallahassee, FL 323	14	2661 Executive Cer Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Sout	h-Floridat	Peoton Therapy Institute, L.L.C.
( <u>N</u>	me of the Limited Liabilit (A Florida	V Company as it now appear on our records.)
The Articles of Organization for t	his Limited Liability G	ompany were filed on March 28, 2018 and assigned
This amendment is submitted to a	-	
A. If amending name, enter the	new name of the limi	ted liability company here:
The new name must be distinguishable	and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices add (Principal office address MUST	ress, if applicable:	2553 N.W. 52" Street
Enter new mailing address, if a (Mailing address MAY BE A PO	j <sup>-</sup>	
B. If amending the registerer registered agent and/or the new	d agent and/or registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registere		th Florida Proton Therapy International LLC
New Registered Office	<u>Address</u> : 	SAME - NO CHANGE Enter Florida streefolderess
		, Florida
New Registered Agent's Signature	if changing Registered	d Agent:
provisions of all statutes relativ	e to the proper and co sition as registered as hange in the registere	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is of office address. I hereby confirm that the limited liability  If Changing Régistered Agent, Signature of New Registered Agent  LL

Page 1 of 3

	uthorized Person(s m our records:	) authorized to	manag 	e, enter the title, name, and address of each	person being added
MGR = Man AMBR = Auth	ager Iorized Member	·			
Title:	Name:		 <u> </u>	Address:	Type of Action.
Mar lander	DR. Timothy	R. Williams	· ·	5280 Linton Blud.	Add:
MER-PARTHUR	<del>,</del> V	-	<u> </u>	Noleuy Reach, Fla. 33484	M Remove
					Change
MGR	South Florid	Acoton Theory	Intern	whomal, L. L.C.	<b>☑</b> Add
		\ 	<u> </u>	2553 N.W. 52 h Street	🗆 Remove
			<u>-</u>	Bora Raton, FL. 33496	Change
			_		Add
			-		Remove
			<u>!</u> _		Change
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		Pa	ge 2 of	<b>1 3 1</b>	

D. If an	nending any other inform	ation, enter change(s)	here: (Attach additional sheets, if necessary.)	
			· · · ·	
				• • • • •
	·			
E. Effec	tive date, if other than the	date of filing:	(optional)	
(lfane <u>Note</u> :	ffective date is listed, the date mu	st be specific and cannot be lock does not meet the ap-	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 oplicable statutory filing requirements, this date will not be listed ords.	)207 (3)(1 I as the
	ecord specifies a delaye e 90th day after the rec		t not an effective time, at 12:01 a.m. on the earlier	r of:
Dated	May 1st	. 201	9	
		Signature of a member or,	authorized representative of a member	
		P. Mari 6 Typed or	printed prame of signee	
		,,	age 3 of 3	
		_		

Filing Fee: \$25.00