L4000153747

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ILLUMINA MEDICAL GROUP JV, LLC

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JUL 27 2020

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

2020 JUL 24 PH 3: 19

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ILLUMINA MEDICAL GROUP IV, 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 06/26/2018 _____ and assigned
Florida document number L18000156747 .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NMC JV, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: RALPH M SERRANO

New Registered Office Address: 9425 SW 72 ST #233

Enter Florida street address

MIAMI , Florida 33173

City   *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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ILLUMINA MEDICAL CENTERS	1914 NW 84 AVE	☐Add
		DORAL, FL. 33126	☒Remove
			☐Change
MGR	NEXUS HEALTHCARE HOLDINGS LLC	1914 NW 84 AVE	☒Add
		DORAL, FL. 33126	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the
record is filed.

Dated ___JULY 14_____ , ___2020_____ .

_____
Signature of a member or authorized representative of a member

ROLANDO MEDINA
_____
Typed or printed name of signee

Filing Fee: $25.00