118000227843

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3. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp				
-		DICE MEDICAL CENTER OF	MIAMILLC		
SUBJECT:Name of Limited Liability Company					
The e	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return all correspon	ndence concerning this matter	to the following:		
		JOHAN GONZALEZ			
		FIRST CHOICE MEDICA	Name of Person L CENTER OF MIAMI LLC		
		6405 NW 36 ST SUITE 11	Firm/Company 0		
		VIRGINIA GARDENS, FI	Address		
		medicalcenter l stehoice@gr	City/State and Zip Code nail.com		
		E-mail address: (to be used for future annual report notific	cation)	
For fu	urther information ed	oncerning this matter, please ea	all;		
ЮН	AN GONZALEZ		786 631-3801		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclo	osed is a check for th	e 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: 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

FIRST CHOICE MEDICAL CEN	TER OF MIAMILLO		1810181	
(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	ONBOCT 23	
The Articles of Organization for this Limited I. Florida document number 1.18000227843	iability Company w	were filed on SEPTEMBER, 25 2018	and assigned	E.
This amendment is submitted to amend the fol	lowing:		STATE E, FL	
A. If amending name, enter the new name of	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the Enter new principal offices address, if applie (Principal office address MUST BE A STREE	cable:	y Company," the designation "LLC" or the		<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			- -
B. If amending the registered agent and registered agent and/or the new registered of			r the name of the	<u>new</u>
Name of New Registered Agent:				_
New Registered Office Address:	8445 HAMMOC	CKS, FL 33193 Apto 2105		_
	MIAMI	Enter Florida street address	33193	
		, Florida	Zin 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
			□ Add
			☐ Change
			Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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			Remove
			□ Change

mending any other informatio	n, enter change(s) here: (Attach additional sheets.	y necessary.y
		·
	<u> </u>	
<u>ste:</u> If the date inserted in this block cument's effective date on the Department.	te of filing: e specific and cannot be prior to date of filing or more than 90 day does not meet the applicable statutory filing requirement artment of State's records. Effective date, but not an effective time, at 12 d is filed.	nts, this date will not be listed a
OCTOBER, 15	2018	
	Token Juma de.	ა გ
Sí	gnature of a member or authorized representative of a member	
JOHAN GONZALEZ		2018 OCT 23 SECRE 2351 TALLAHA
	Typed or printed name of signee	<i>ഗ</i> ~~
	Page 3 of 3	PM 5: 50 OF STATE SEE, FL
	ragerous	<u>, </u>

Filing Fee: \$25.00