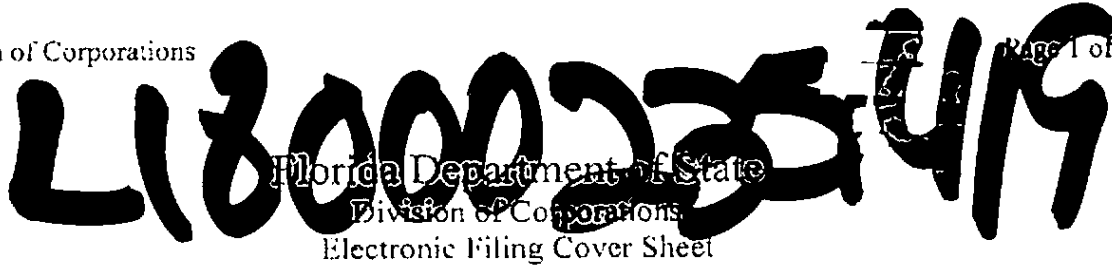


Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & DEHR, LLP
Account Number : 120060000021
Phone : (561) 833-9800
Fax Number : (561) 655-5551

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDICAL DISTRICT FUNDING MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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H190003330653

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 NOV 13 P 2:38

MEDICAL DISTRICT FUNDING MANAGER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/04/2018 and assigned
Florida document number L18000235419.

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 word, "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)

1395 Brickell Avenue

Suite 1020

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1395 Brickell Avenue

Suite 1020

Miami, FL 33131

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:

Reza Rahbaran

New Registered Office Address:

1395 Brickell Avenue, Suite 1020

Enter Florida street address

Miami

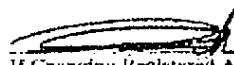
City

Florida 33131

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

H19000 333065 3

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>
MGR	RIEBER, BERNARDO	19529 NE 22ND AVENUE	☐ Add
		MIAMI, FL 33180	☒ Remove
			☐ Change
MGR	Reza Rahbaran	1395 Brickell Avenue	☒ Add
		Suite 1020	☐ Remove
		MIAMI, FL 33131	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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N/A

+119000 3330653