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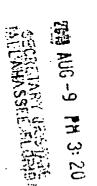
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Vince Jan Sund

## **COVER LETTER**

:

TO:

Registration Section

**Division of Corporations** 

*** *** * * * * * * * * * * * * * * * *	OCCUPATIONAL MEDICINE, I	.I.C	_	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	W5 8 M 3.20	
Please return all corres	pondence concerning this matter	to the following:		
	DAVID ARMSTRONG, I	ESQ.		
		Name of Person		
	CANO HEALTH, LLC			
		Firm/Company		
	9725 NW 117th AVENUE			
		Address		
	MIAMI, FLORIDA 3317	MIAMI, FLORIDA 33178		
		City/State and Zip Code	<del></del>	
	DARMSTRONG@CANO	HEALTH.COM		
	E-mail address: (	to be used for future annual report notifica-	ation)	
For further information	i concerning this matter, please c	aH:		
NILDA PRIETO		954 514-9360 x802		
Name	e of Person	Area Code Daytime T	elephone Number	
Enclosed is a check for	r the 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)	
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cento	ions	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**環 AUG -9 PM 3:20** 

CANO OCCUPATIONAL MEDICINE, LLC

SOOREJARY OF CALLY

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

The Articles of Organization for this Limited L	iability Company	were filed on MAY 10, 2019	and assigned
Florida document number L19000127905	<del></del> ·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	oility company here:	
CANO OCCUPATIONAL HEALTH, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of		<del>-</del>	nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florid	la
		, Florid	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:		
rt t			

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>	Type of Action
CFO	STEVEN HAFT	9725 NW 117 AVENUE, #200 MIAMI, FL 33178	■ Add
			☐ Remove
			Change
SEC	PEDRO CORDERO	9725 NW 117 AVENUE, #200 MIAMI, FL 33178	Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change

Effective date, if other than the date of filing:  AUGUST 1, 2019  (Optional)  If an effective date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 605.02 Mote; if the date inserted in this block does not neer the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  2019  AUGUST 1  2019					
Effective date, if other than the date of filing:			-		<del></del>
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Effective date, if other than the date of filing:		AUGI	HST 1 2019		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated AUGUST 1  Signature of a member or duhorized representative of a member		e date of filing:			
The 90th day after the record is filed.  Dated AUGUST I  Signature of a member or Juthorized representative of a member	Note: If the date inserted in this h	block does not meet the a	applicable statutory fi	ling requirements, th	is date will not be listed as
The 90th day after the record is filed.  Dated AUGUST I 2019  Signature of a member or authorized representative of a member	document's effective date on the l	Department of State's rec	cords.		
Dated AUGUST I 2019  Signature of a member or authorized representative of a member	no record checifies a delaw	ad offactivo dato hi	it not an offoctiv	o timo   at 12:01	a muon the carlier o
Signature of a member or authorized representative of a member			de not an enectiv	e time, at 12.01	a.m. on the earner o
Signature of a member or authorized representative of a member					
Signature of a member or authorized representative of a member	Dated		·		
Signature of a member or hithorized representative of a member		(2)	10		
		Signature of a member of	r zuthorized representat	ive of a member	

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Filing Fee: \$25.00