

10/9/24, 10:08 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L19 000203022**

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CENTRUM MEDICAL CENTER - EAST HIALEAH, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRUM MEDICAL CENTER - EAST HIALEAH, 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 08/14/2019 and assigned Florida document number L19000203022.

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 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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, 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>                   |
|--------------|---------------|------------------------------|-----------------------------------------|
| AMBR         | Alexis Agreda | 9250 NW 36 Street, Suite 420 | <input checked="" type="checkbox"/> Add |
|              |               | Miami, FL 33178              | <input type="checkbox"/> Remove         |
|              |               |                              | <input type="checkbox"/> Change         |
|              |               |                              | <input type="checkbox"/> Add            |
|              |               |                              | <input type="checkbox"/> Remove         |
|              |               |                              | <input type="checkbox"/> Change         |
|              |               |                              | <input type="checkbox"/> Add            |
|              |               |                              | <input type="checkbox"/> Remove         |
|              |               |                              | <input type="checkbox"/> Change         |
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|              |               |                              | <input type="checkbox"/> Change         |
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|              |               |                              | <input type="checkbox"/> Change         |

