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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** \_\_\_\_\_11/1/2019

D	ate:	11/1/2019	a: CDW
		Acc#I20160000072	4: ( ) = W
Name:	CANO PCP,	LLC (CANO PCP WOL	JND CARE, LLC)
Document #:			
Order #:	12373140 1		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing:	Certified:   Plain: COGS:		THIS IS A 1 - 2 FILING  1. PLEASE FILE THE AMENDMENT FIRST TO CHANGE THE NAME.
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	55.00	2. PLEASE FILE THE FICTITIOUS NAME SECOND TO REFLECT THE REGISTRANT'S NEW NAME.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cano PCP, LLC				
( <u>Name of the Limited Liab</u> (A Flori	ility Company ida Limited Lia	as it now appears or bility Company)	our records.)	
The Articles of Organization for this Limited Liability	Company w	ere filed on Octob	er 9. 2019	and assigned
Florida document number 1.19000244575	<del></del> ·			
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabili	ty company here:	:	
Cano PCP Wound Care, LLC				
The new name must be distinguishable and contain the words "L	imited Liability	Company," the desig	nation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:				4- <del>*3</del>
Principal office address MUST BE A STREET ADI	DRESS)			<u>ت</u> قدن
	<del></del>			· 5
Enter new mailing address, if applicable:				
•		9725 NW 117 Ave	nue, 2nd Floor	
Maning university DEAT OF THE BOAY				90 j. q
				<del></del>
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	•	ce address on o		the name of th
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	street address	
Mia	ımi		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>	Name	Address	Type of Action
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in this document's effective date on the	the date of filing must be specific and is block does not m	3: to day	te of filing or more th	(optional)	27 Pursuant to 605
ote: If the date inserted in this cument's effective date on the	s block does not me e Department of S	tate's records.	statutory illing req	uirements, this date	will not be listed a:
e record specifies a dela The 90th day after the		late, but not ar	effective time	, at 12:01 a.m. (	on the earlier o
October 31		2019			
		, /			

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Typed or printed name of signee

Filing Fee: \$25.00