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## **COVER LETTER**

ro:	Registration Se Division of Cor					
cup ir	CANO PCP, LLC					
SUBJE	:C1:	Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are subr	mitted for filing.			
Please	return all correspo	ndence concerning this matter t	to the following:			
		DAVID ARMSTRONG, E	SQ			
		CANO HEALTH, LLC	Name of Person			
Firm/Company 9725 NW 117 AVENUE, SUTE 200 ATTN:COMPLIANCE DEPT				DEPT		
		MIAMI, FL 33178	Address			
		DARMSTRONG@CANOH	City/State and Zip Code IEALTH.COM			
For fur	ther information o	E-mail address: (t oncerning this matter, please ca	to be used for future annual report notifi	cation)		
	A PRIETO	oncerning and matter, please ca	954 514-9260 x80	)24		
	Name o	f Person		Telephone Number		
Enclos	sed is a check for th	ne following amount:				
<b>□ \$</b> 2	5.00 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:

TO:

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

(Name of the Limited Liabil)	ity Company as it now appears on our record a Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on OCTOBER 10, 20	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
		201
		9 DEC
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		,
		9
3. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our record dress here:	s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	χς.
	, FI	orida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

CANO PCP LLC

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>	Type of Action
CEO	MARLOW B HERNANDEZ	9725 NW 117 AVENUE, #200 MIAMI, FL 33178	■ Add
			Add
			Remove
			Change
:CFO	STEVEN HAFT	9725 NW 117 AVENUE, #200 MIAMI, FL 33178	■ Add
			Aud
			Remove
			Change
SEC	PEDRO CORDERO	9725 NW 117 AVENUE, #200 MIAMI, FL 33178	<b>■</b> Add
		<del></del>	Remove
			☐ Change
			<del></del>
			Remove
			Change
			□ Remove
			a Remove
			Change
<del></del>			Add
			🗆 Remove
			Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F Effective c	late, if other than the date of filing: (optional)
(If an effective Note: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the character is filed.
Dated OCT	Signature of a member or authorized representative of a member
	Signature of a memori of authorized representative of a memoer
	STEVEN HAFT

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Typed or printed name of signee

Filing Fee: \$25.00