

L200000121460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

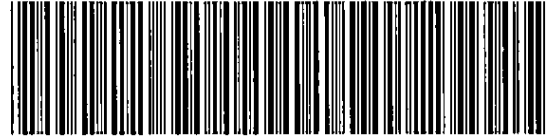
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



900372296649

FILED

2021 SEP 21 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 SEP 21 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 017108 7144145

AUTHORIZATION :



COST LIMIT : \$55.00

ORDER DATE : September 20, 2021

ORDER TIME : 10:57 AM

ORDER NO. : 017108-015

CUSTOMER NO: 7144145

DOMESTIC AMENDMENT FILING

NAME: ORANGE HEALTHCARE  
ADMINISTRATION, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2021

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: ORANGE HEALTHCARE ADMINISTRATION, LLC  
Ref. Number: L20000121460

We have received your document for ORANGE HEALTHCARE ADMINISTRATION, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 321A00022872

RECEIVED

2021 SEP 23 PM 12:17

STATE OF FLORIDA  
ALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Orange Healthcare Administration, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlow Hernandez

\_\_\_\_\_  
Name of Person

Cano Health, LLC

\_\_\_\_\_  
Firm/Company

9725 NW 117th Ave.

\_\_\_\_\_  
Address

Miami, FL 33178

\_\_\_\_\_  
City/State and Zip Code

mhernandez@canohealth.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlow Hernandez

954 998-9615

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 910  
Tallahassee, FL 32310

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

Orange Healthcare Administration, 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 May 7, 2020 and assigned  
Florida document number L20000121460.

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:**

9725 NW 117th Ave.

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33178

**Enter new mailing address, if applicable:**

9725 NW 117th Ave.

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL 33178

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

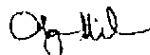
Florida 33324

*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.*



Olga Hinkel, VP

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>
MGR	Frank Exposito	14750 NW 77th Court, Suite 308	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lissette Exposito	14750 NW 77th Court, Suite 308	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR and AMBR	Cano Health, LLC	9725 NW 117th Ave.	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 20 2021

Signature of a member or authorized representative of a member

Marlow Hernandez

Typed or printed name of signee