Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000254136 3)))



H200002541363ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	_	
	Division of Cor	rporations ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Fax Number	: (850)617-6383
From:		LAZADIK CORDORATE ETI ING SERVICE. INC.
	Account Name	. LAZARUS CORPORATE TABLITO SETTATES STORY
	Account Number	: I2000000019
	Phone	: (305)552-5973
	Fax Number	: (305)675-5944
	I dx IIdiioci	, (0.00)
		: (305)675-5944
Enter ani	the email addres nual report maili	ings. Enter only one email address please.
Fen:	ail Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIAMI MEDICAL PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Anund

AUG 0 3 2020

I ALBRITTON

711711 11 31 PH 1:24

Articles of Amendment to LLC Articles of Organization of

The Articles of Organization for this Limited Liability Comparing and assigned Florida docum	oany were file aent number	d on	
This amendment is submitted to amend the follo	owing		
Removal of Sebastian E. Gomez as AMBR of Miami Medical Partne	_		
		<u>. </u>	
	• • • • • • • • • • • • • • • • • • • •	20	
		2020 JU	
	, ·	<u> </u>	
	•		:
		<u> </u>	
·	<u> </u>	12: 54	
	•:	+	
These articles of amendment were adopted onremoval of AMBR		·	
Dated07/28/2020			
Q-C			
Signature of a member or authorized representative of a n	iember		
Juan D. Campuzano			
Typed or printed name of signee			
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and acce	ept the obligation	ns of the	,