

11/12/2020/THU 07:45 PM

FAX No.

P. 001

11/12/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000392847 3)))



H200003928473ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

****Enter the email address for this business entity to be used for federal annual report mailings. Enter only one email address please.****

Email Address: ap@miamibeachmedicalgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARE CENTER NETWORK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2020 NOV 13 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 NOV 13 AM 8:33

FILED

NOV 16 2020

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit: (((H20000392847 3)))

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

Care Center Network, 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 8/26/2020 and assigned Florida document number L20000253687.

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:

MB Medical Operations, LLC

New Registered Office Address:

1400 NW 107th Avenue, Suite 500

Enter Florida street address

Miami

Florida 33172

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.

Quam. Gung.
If Changing Registered Agent, Signature of New Registered Agent

Fax Audit: (((H20000392847 3)))

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>
_____	_____	_____	<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
_____	_____	_____	<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

FILED
NOV 13 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit: (((H20000392847 3)))

Fax Audit: (((H20000392847 3)))

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 November 12 2020

Signature of a member or authorized representative of a member

Jose Sanchez, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

Fax Audit: (((H20000392847 3)))