

120 000 355 535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

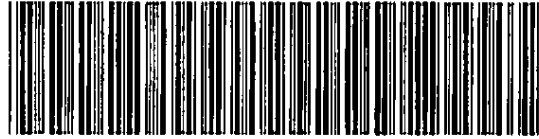
(Document Number)

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

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07/29/22--01021--003 \*\*25.00

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2022 JUL 29 AM 9:52

J DENNIS

OCT 27 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OnePlus Medical Center V, 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:

John Santana  
Name of Person  
OnePlus Healthcare, LLC  
Firm/Company  
4651 Sheridan Street Suite 303  
Address  
Hollywood, FL 33021  
City/State and Zip Code  
jsantana@oneplushealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Santana at ( 954 ) 495-0467  
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 810  
Tallahassee, FL 32303

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

OnePlus Medical Center V, 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 11/09/2020 and assigned Florida document number L20000355535.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

11120 Kendall Properties, LLC

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:**

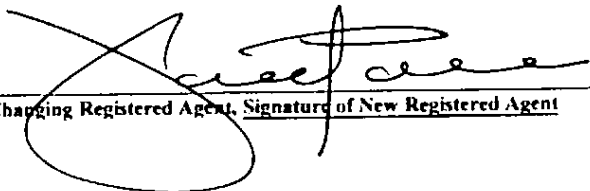
Name of New Registered Agent: OnePlus Healthcare, LLC

New Registered Office Address: 4651 Sheridan Street Suite 303  
Enter Florida street address

Hollywood, Florida 33021  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OnePlus Healthcare Group, LLC	4651 Sheridan Street	<input type="checkbox"/> Add
		Suite 303	<input checked="" type="checkbox"/> Remove
		Hollywood, FL 33021	<input type="checkbox"/> Change
AMBR	OnePlus Healthcare, LLC	4651 Sheridan Street	<input checked="" type="checkbox"/> Add
		Suite 303	<input type="checkbox"/> Remove
		Hollywood, FL 33021	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)

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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 July 22<sup>ND</sup> 2022

  
Signature of a member or authorized representative of a member

John Santana, HSA  
Typed or printed name of signee