Piorida Department of State División of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email	Address:		

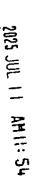
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM MEDICAL CENTER TAMPA, LLC

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Corporate Filing Menu

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

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2025 JUL 11 AM 11: 54

Palm Medical Center Tampa, LLC

15612148442

TAP LETARY OF STATE

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L20000367885	ompany were filed on 12/03/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	44.
Principal office address MUST BE A STREET ADDRES	ESS)
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 here:	office address on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida City Zap Code

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 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>	Name	Address	Type of Action
COO	Jorge Alvarez	2600 DOUGLAS ROAD, SUITE 308	□Add
		Coral Gables FL 33134	□Remove
			■ Change
			□Remove
			□Change
			□Add
			Remove
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Effective date, if other than the liftent effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: must be specific and cannot be prior to date of fi block does not meet the applicable statute Department of State's records.	(optional) ling or more than 90 days after filing.) P ory filing requirements, this date wi	ursuant to 605.0207 (3 If not be fisted as the
e record specifies a delayed effect rd is filed.	ive date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 9	Oth day after the
July 11	. 2025		
Dated			
Dated July 11	Jackie Betilippi	4	