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.

(((H21000207445 3)))



H210002074453ABCZ

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used #r\_ful annual report mailings. Enter only one email address please

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIG ONYX MEDICAL CENTER LLC

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

| Articles of Amendment to LLC Articles of Orga  |                        |
|--|------------------------|
| Only Medical Center LLC  | mzation of             |
| The Articles of Organization for this Limited Liability Company we   |                        |
| and assigned Florida document nu   | ce filed on<br>Imber   |
| This amondment is a large of the same of t |                        |
| This amendment is submitted to amend the following:  |                        |
|  |                        |
| Kemore: Norge Moro Terrero   |                        |
|  |                        |
| Add: Feliciano Fernandez (AMBR   | (0 n)                  |
| 8300 MOT Flooler CT C. to OTILE  | **/\                   |
| Mis . Cl 2011  | )14                    |
| 1 1am + L 33144  | <del></del>            |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
| These articles of amendment were adopted on 5/24/2   | ARA MAN                |
| Sloul  | PILL<br>SEE            |
| Dated  | PA<br>PA               |
| Jami   | 2: 38<br>IAIE<br>ORIO. |
| Signature of a member opauthorized representative of a member  |                        |
| Horae More Terrero Typed or prince name of signee  |                        |
|  | <del></del>            |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with and accept the obli-<br>position.   | igations of the        |
|  |                        |
| Signature of New Registered Agent, if changing   | <del></del>            |