

L21000320376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

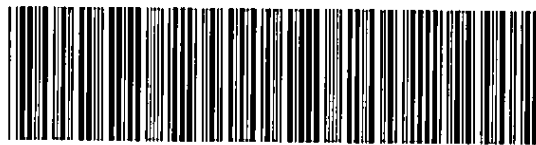
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/12/21--01001--

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 11 AM 8:35

FILED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 AUG 11 PM 4:41

RECEIVED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

25

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/11 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

AMEND

1. **ORANGE CARE IPA, LLC**
(CORPORATE NAME AND DOCUMENT #)

File 2nd

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHI Merger Sub II-B, 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:

Marlow Hernandez

Name of Person

Cano Health, Inc.

Firm/Company

9725 NW 117th Ave

Address

Miami, FL 33178

City/State and Zip Code

mhernandez@canohealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlow Hernandez

954 998-9615
at ()
Area Code Daytime Telephone Number

Name of Person

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

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>
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2022 AUG 19 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2021 AUG 11 AM 8:35

(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.

August 11 2021

Dated


Signature of a member or authorized representative of a member

Marlow Hernandez

Typed or printed name of signee