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WALK IN

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ΚX	РНОТОСОРУ		
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0	PRANGE CARE II	PA, LLC DOCUMENT #)	File 2 NG
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COVER LETTER

TO:

TO: Registration S Division of Co			
	ger Sub II-B, LLC		
SUBJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence 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.c		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
	concerning this matter, picase e		
Marlow Hernandez		954 998-9615 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre Registration		Street Address:	yation
Division of (Corporations .	Registration Se Division of Co	
P.O. Box 632		The Centre of	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHI Merger Sub II-B, LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records. ability Company))		
The Articles of Organization for this Limited Liability Company of	were filed on July 9, 2021	aı	nd assi	2ncd
Florida document number L21000320376				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
Orange Care IPA, LLC	_			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" of	or the abbreviati	on "L.L	.C."
Enter new principal offices address, if applicable:		.83	20	
Principal office address MUST BE A STREET ADDRESS)		AC		
		5=	<u> </u>	0
		<u> </u>		721
Enter new mailing address, if applicable:			A	3
Mailing address MAY BE A POST OFFICE BOX)		ਾਹਿਤਾ ਅਵੀ	<u> </u>	
		77	23	
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, enter th			reg
New Registered Office Address:	Enter Florida street address			
	ismer r torida street address			
	, Flori	da		
** **	Cult	Zip (ode	

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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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