Page: 2 of 5

Division of Corporations

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.

(((H24000353788 3)))



H240003537883ABC7

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 : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774 *Menter the email address for this business entity to be used for figure annual report mailings. Enter only one email address please

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ciţv	Zip Code
	. Florida	
	Enter Florida street address	∃ &
New Registered Office Address:		
Name of New Registered Agent:		
		77 ×
agent and/or the new registered office address here:		T 23
B. If amending the registered agent and/or registered office a	address on our records, enter the na	une of the newsregistered
		2024
(Mailing address MAY BE A POST OFFICE ROX)	Minari, 12 00 177	
•	MIAMI, FL 33144	
Enter new mailing address, if applicable:	799 SW 73rd CT., UNIT A	
(Principal office address MUST BE A STREET ADDRESS)	MIMMI, FL 33144	
Enter new principal offices address, if applicable:	MIAMI, FL 33144	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the 799 SW 73rd CT., UNIT A	abbreviation "L.L.C."
A. If smending name, enter the new name of the limited liab		
This amendment is submitted to amend the following:		
Florida document number L21000373290		
The Articles of Organization for this Limited Liability Company	were filed on do 1972021	and assigned
	a 08/19/2021	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ony as It now appears on our records.) Liability Company)	
AAA MEDICAL CENTER, LLC		

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.

To: , Page: 4 of 5 2024-10-23 17:36:59 GMT 13053284774 From Yanet Avila

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
			□Add
			□Remove
			☐ Change
			□Add
			El Remove
			Change
			(DAdd
			[]Remove
			T]Change
			CJAdđ
		~~~~~	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
	<u> </u>		CIAdd
			□Remove
		1-1	□Change