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SECRETARY OF STATE
TALLAHASSEE STATE

## **COVER LETTER**

TO: Registration So Division of Cor			
	HEDICAL CENTER AND RES	SEARCH CLINIC LLC	
SUBJECT:	Name of Lin	nited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	YISEL RIVERO		
		Name of Person	<del></del>
	GRAND MEDICAL CEN	TER AND RESEARCH CLINIC LLC	
		Firm/Company	_
	11861 SW 18 STREET, U	INIT 4	
		Address	<del></del>
	MIAMI, FL 33175		2022 OCT 25 SECRETARY TALLAHA
	<del></del>	City/State and Zip Code	
	yrivero@medicalcenterand		
	E-mail address:	(to be used for future annual report notification)	(γ) <sup>-1</sup>
For further information of	concerning this matter, please c	alt:	[79] [18] A
YISEL RIVERO		305 989-9476	9: 01 E. FL
Name (	of Person	Area Code Daytime Telephone Numb	ber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi radditional copy is enclosed: Certifi	Filing Fee, icate of Status & ied Copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	010
Tallahassee	FI 32314	2415 N. Monroe Street, Suite	: 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Medical Center and Research Clinic LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on September 23, 2021 and as Florida document number L21000420969 and as L21000420969	ssigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
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 on our records, enter the name of New Registered Agent:	W registered
New Registered Office Address:	
Emer Florida street address	<u> </u>
, Florida, Elorida, Zip Code	
City Zip Code  Now Danietared August's Signature if changing Registered August	?
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc 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.	rith and cument is

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
MGR	Yisel Rivero	11861 SW 18 Street, Unit 4, Miami, FL 33175	🗆 Add
			=Remove
			□Change
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			□ Remove
			□Change
			🗆 Add
			2020 OCT SEORETA
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 605 ts, this date will not be list	5.0207 (3)(led as the
I the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ecord is filed.	of: (b) The 90th day afte	r the
Dated 10-12-2022.		
Signature of a member of authorized representative of a member		
VIsel Rivero		

Filing Fee: \$25.00