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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OASIS MEDICAL HEALTH CENTER, LLC

Certificate of Status	0
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Page Count	04
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Help

T. LEMIEUX 2ND REQUEST 3 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OASIS MEDICAL HEALTH CENTE	ER, LLC		
(Name of the Limited (A	Liability Compa Florida Limited	nv as It now appears on our record Liability Company)	<u>ş.</u> )
The Articles of Organization for this Limited Liab	and assigned		
Florida document number L23000045014	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.1C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET ADDRESS)		9195 SW 72 ST Suite 120 B	
		Miami Florida 33173	<u> </u>
	,		123 !
Enter new mailing address, if applicable:			1
(Mailing address MAY BE A POST OFFICE BOX)		9195 SW 72 ST Suite 120 B	
		Miami Florida 33173	<u> </u>
B. If amending the registered agent and/or reg	vistered office	address on our records, enter	ي بين the name of the new registor
agent and/or the new registered office address			. 6
Name of New Registered Agent:			
New Registered Office Address:	9195 SW 72 S	ST Suite 120 B	
Men Veripreson Authors.	<u></u>	Enter Florida street addre	ess
	Miami	, F	lorida <u>33173</u>
		City	Zip Code

## 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 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	Elizabeth Vilches-Olivera	9195 SW 72 ST Suite 120 B	 <b>≣</b> Add
		Miami Florida 33173	
			□Change
MGR	OLIVERA, RAUL	9901 NW 131ST STREET	
		HIALEAH GARDENS, FL 33018	≅Remove
			□Change
MGR	LOREN DANIEL MORALES FEF	3140 SW 138TH PL	□Add
		Miami Fl 33175	■Remove
			Change
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			□Remove
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Note:	ive date, if other t ective date is listed, the If the date inserted ent's effective date	in this block does	itic and cannot be sinot meet the a	prior to date of fi policable statut	lieur na mana alaa O	<b>(optional)</b> 0 days after filing.) P ments, this dat <b>e</b> wi	ursuant to 605.0207 ( If not be listed as the
he record	d specifies a delayed ed.	effective date, b	ut not an effecti	ive time, at 12:	Ol a.m. on the ear	rlier of: (b) The S	Oth day after the
Dated_	April 7th,		2023				

Typed or printed name of signee

Elizabeth Vilches-Olivera