

2/27/24, 4:10 PM

Division of Corporations

**L24000028229**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA COMMUNITY HEALTH PARTNERS, LLC.**

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Corporate Filing Menu

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S. ROBERTS

FEB 28 2024

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA COMMUNITY HEALTH PARTNERS, 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 01/12/2024 and assigned  
Florida document number 1,24000028229.

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:

8140 COLLEGE PRKWY STE 101

(Principal office address MUST BE A STREET ADDRESS)

FT. MYERS, FL 33907

Enter new mailing address, if applicable:

8140 COLLEGE PRKWY STE 101

(Mailing address MAY BE A POST OFFICE BOX)

FT. MYERS, FL 33907

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 Changing Registered Agent, Signature of New Registered Agent

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 SEATTLE COUNTY CLERK  
 OF ALLAHAMSS, FL

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>
MGR	DANIELA DUARTE MUNIZ	20911 JOHNSON STREET UNIT 101	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33029 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERTO DORADO	20911 JOHNSON STREET UNIT 101	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33029 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

1

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Typed or printed name of signer

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