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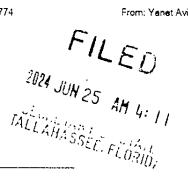
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Page: 3 of 5

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



LOYALTY MEDICAL CENTER 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 Li Florida document number L24000080157	ability Company	were filed on 02/16/20	024	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designa	ntion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applications	able:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	T.ADDRESS)			·····
: <i>:</i>		· · · · · · · · · · · · · · · · · ·	*****	.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	LARITZA REY	'ES MARTI		
New Registered Office Address:	5000 23RD CT	sw		
•		Enter Florida st	reet address	
	NAPLES		, Florida ^{341 l}	6
		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 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
AMBR	TANIA HERNANDEZ	704 GOODLETTE-FRANK RD N STE 316	□Add
		NAPLES, FL 34102	≘ Remove
			DChange
AMBR	YANARDO HERNANDEZ	704 GOODLETTE-FRANK RD N STE 316	□Add
		NAPLES, FL 34102	
			□Change
			TATEREMONE THORNOO CHAdd
1450.	•		
			□Change
······································			□Add
			□Remove
			□Change
•:			□Add
			□Remove
S.			□Change

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an effective date is listed, the date must	ck does not meet the applicable statute	(optional) lling or more than 90 days after filing.) Pursuant to 605.03 ory filing requirements, this date will not be listed	207 (3) as the
record specifies a delayed effective is filed.	date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the	he
JUNE 25			
LARITE GVES WARTE Jun 25, 2021 17	ignature of a member or nuthorized repre	sentative of a member	