

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000164738 3)))



H240001647383ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
MOLINA'S MEDICAL CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2024 MAY -6 PM 4:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

MAY 07 2024

Articles of Amendment to LLC Articles of Organization of
MOLINA'S MEDICAL CENTER LLC

The Articles of Organization for this Limited Liability Company were filed on
04/09/2024 and assigned Florida document number
L24000168703

This amendment is submitted to amend the following:

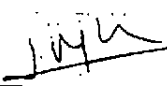
Change of Principal and Mailing Address

The new address is 5600 SW 135th Ave Suite 205 Miami, FL, 33183

Add TAX ID #: 99-2489185

These articles of amendment were adopted on 05/03/2024

Dated 05/03/2024



Signature of a member or authorized representative of a member

LUIS M MOLINA

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing