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| Special Instructions to | Filing Officer: | |
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Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314-6327

Re: Leesburg-Ocala Heart Institute Building, LLC

Our File No. 9113-20113

Gentlemen:

Enclosed for filing is the originally executed Articles of Amendment to the Articles of Organization of Leesburg-Ocala Heart Institute Building, LLC. Also enclosed is our check in the sum of \$25.00, representing \$25.00 filing fee.

Please return a conformed copy of the Articles of Organization to me. A self-addressed envelope is enclosed for your mailing convenience.

Should you have any questions or if I could be of further assistance, please call.

Sincerely yours,

BLANCHARD, MERRIAM, ADE & KIRKLAND, P.A.

Terri L. Witherspoon, C.L.A.

Legal Assistant to Jose H. Cortes, Jr.

JHC/t Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 AUG 13 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Leesburg-Ocala Heart Institute Building, L | | |
|--|---|----------------------|
| (<u>Name of the Limited Liah</u> (A Flor | ility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on November 10, 1998 | and assigned |
| Florida document number L98000002642 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ac | | the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Ziv 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> | Name | Address | Type of Action |
|--------------|---------------------------|----------------------|----------------|
| MGR | John A. Galat, M.D. | 1511 SW First Avenue | □ ∧dd |
| | | Ocala, FL 34471 | ■ Remove |
| | | | ☐ Change |
| MGR | R. Craig Kuykendall, M.D. | 1511 SW First Avenue | □ Add |
| | | Ocala, Fl. 34471 | ■ Remove |
| | | | Change |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
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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 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records. | 豊富 と ids.0207 (3)(|) Б) |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed. | lier of: | |
| Dated 8/4 2015 Advance Look Signature of a member of authorized representative of a member | | |
| R. Duane Cook, M.D., Manager | | |
| Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00