Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M22000008059

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SECRETARY OF STATE
TALLAHASSEE, FL

To:
Division of Corporations
Fax Number : (850)617-6393

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)268-0945
Fax Number : (614)573-9996

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIVAMAS MEDICAL CENTER - HIALEAH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$55.00

C. BRUMBLEY
DEC - 9 2022

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State. VIVAMAS MEDICAL CENTER - HIALEAH, LLC

Enter new principal office address, if applicable. _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX) _____

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2. The Florida document number of this limited liability company is: [M20000008059]

3. Jurisdiction of its organization. DELAWARE

4. Date authorized to do business in Florida: [9/15/2020]

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ICH MEDICAL CENTER - HIALEAH, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, **Florida** _____
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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized

_____
Signature of the authorized representative

Ron Schutzen
_____
Typed or printed name of signee

Filing Fee: $25.00

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VIVAMAS MEDICAL CENTER - HIALEAH, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ICH MEDICAL CENTER - HIALEAH, LLC" ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2022, AT 5:17 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3330832 8320
SR# 20224193442

Authentication: 205023771
Date: 12-06-22

You may verify this certificate online at corp.delaware.gov/authver.shtml