

4/26/22, 11:24 AM

Division of Corporations

**M20000150295**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000150295 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*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  
VIVAMAS HIALEAH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	25.00

2022 APR 26 PM 2:09

 2022 APR 26 PM 1:00  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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T. LEMIEUX

APR 27 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 Hialeah, LLC

Enter new principal office address, if applicable: 5775 BLUE LAGOON DRIVE

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 450

MIAMI, FL 33126

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

5775 BLUE LAGOON DRIVE

SUITE 450

MIAMI, FL 33126

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: 09/15/2020

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

5. New name of the limited liability company: VivaMas 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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2022 APR 26 PM 1:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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.

*Tony Mazzorana*  
PR21301467

Signature of the authorized representative

Tony Mazzorana as Authorized Party

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "VIVAMAS HIALEAH,  
LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
"VIVAMAS MEDICAL CENTER - HIALEAH, LLC" ON THE TWELFTH DAY OF  
APRIL, A.D. 2022, AT 1:57 O'CLOCK P.M.



3330832 8320  
SR# 20221620681

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203265954  
Date: 04-25-22