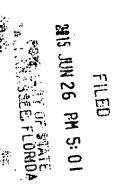
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #	<i>f</i>)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	M.M.H.C. Holding C	orporation		
	N06476			
DOCUMENT NUMBER:		<u>.</u>		
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Kevin M. Crain				
		(Name of Contact P	erson)	
MMHC Holding Corporation	n			
		(Firm/ Compan	у)	
6100 Blue Lagoon Drive, Se	uite 400			
		(Address)		
Miami, FLorida 33126				
	((City/ State and Zip	Code)	
kcrain@banyanhealth.org				
E	-mail address: (to be used	for future annual re	port notificatio	n)
For further information conc	erning this matter, please o	call:		
Kevin M. Crain		aí	305	984-8002
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif (Addi	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing A	ddress	<u>St</u>	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

M.M.H.C. Holding Corporation

3819 JUN 26 PM 5: 01

M.M.n.C. Holdi	ng Corporation		Will John Co
N06476	(Name of Corporation a	as currently filed with the Florida Dept.	of State)
	(Docume	ent Number of Corporation (if known)	
amendment(s) to i	ts Articles of Incorporation:	da Statutes, this <i>Florida Not For Profit C</i>	orporation adopts the following
A. If amending n	name, enter the new name of the	corporation:	
		"corporation" or "incorporated" or the a	The new abbreviation "Corp." or "Inc."
B. Enter new pri	Co." may not be used in the name. incipal office address, if applicab address MUST BE A STREET AD	le:	
C. Enter new m (Mailing addr	ailing address, if applicable: ess <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	
	he registered agent and/or regist d agent and/or the new registere	ered office address in Florida, enter the d office address:	name of the
	Name of New Registered Agent:		
	New Registered Office Address:	(Florida street	address)
	_		, Florida
		(City)	(Zip Code)
	Agent's Signature, if changing Re e appointment as registered agent.	egistered Agent: I am familiar with and accept the obliga	itions of the position.
	_	Signature of New Registered Ager	nt, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Pierre Rutledge	798 NW 55th Street
Add			Miami, Florida 33256
X Remove			
2) X Change	vs	Robert E. Dady	201 S. Alhambra Circle, Suite 601
Add			Miami, Florida 33134
Remove			
3) X Change	CT	Samuel Harte	P. O. Box 561775
Add			Miami, Florida 33256
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



E. If amending or adding additional Art	icles, enter change(s) here:
E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: (40 more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated <u>6/23/15</u>	
Signature (By the chairman of the board, president or other officer-if directors	_
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Harvey B. Hayden	
(Typed or printed name of person signing)	
President & CEO	
(Title of person signing)	