

5/3/23, 10:11 AM

Division of Corporations

4230001655143/98

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 VIOMAR MEDICAL CENTER LLC**

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Heidi T. LEMIEUX
 MAY 04 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIOMAR MEDICAL CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/15/2023 and assigned Florida document number L23000120198.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4155 SW 130 AVE

(Principal office address MUST BE A STREET ADDRESS)

STE 113

MIAMI, FL 33175

Enter new mailing address, if applicable:

4155 SW 130 AVE

(Mailing address MAY BE A POST OFFICE BOX)

STE 113

MIAMI, FL 33175

B. If amending the registered agent and/or registered office 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:

CHANGE OF ADDRESS

New Registered Office Address:

4155 SW 130 AVE STE 113

Enter Florida street address

MIAMI

City

Florida

33175

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YURAY RODRIGUEZ	4155 SW 130 AVE	<input type="checkbox"/> Add
		STE 113	<input type="checkbox"/> Remove
		MIAMI, FL 33175	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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