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: HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A. Account Name

Account Number : 120020000128 : (904)356-6311

Fax Number : (904)356-7330

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AMIR H. FATEMI, M.D., PLLC

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MAR. 24. 2009 11:04AM

HOLBROOK AKEL COLD STIEFEL &RAY

ARTICLES OF AMENDMENT TO AMEND AND RESTATE ARTICLES OF ORGANIZATION OF AMIR H. FATEMI, M.D., PLLC AND CHANGING NAME TO AMIR H. FATEMI, M.D., LLC



The undersigned member hereby amends and restates the Articles of Organization of this limited liability company and states:

# ARTICLE I NAME AND ADDRESS

The name of the Limited Liability Company is AMIR H. FATEMI, M.D., LLC. The principal office address and mailing address is 6934 St. Augustine Road, Jacksonville, Florida 32217.

# ARTICLE II REGISTERED AGENT AND OFFICE

The name and street address of the Limited Liability Company's initial registered agent and office is AMIR H. FATEMI, M.D., 6934 St. Augustine Road, Jacksonville, Florida 32217.

# ARTICLE III MANAGEMENT: MANAGER

The Limited Liability Company is to be a manager-managed company. The name and address of the managers who shall serve as manager until a successor is elected and duly qualified are:

Manager

Street Address and Mailing Address

AMIR H. FATEMI, M.D.

6934 St. Augustine Road Jacksonville, Florida 32217

### ARTICLE IV PURPOSE OF COMPANY

The purpose for which the company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Florida Statutes.

MAR. 24. 2009 11:04AM

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#### ARTICLE V EFFECTIVE DATE AND DURATION

The Company shall be effective on filing and shall have perpetual duration.

SIGNED by the undersigned member on March 23, 2009.

#### ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process as registered agent for the above stated limited liability company, at the place designated in the Articles of Organization of the professional limited liability company to which this is attached, I hereby accept the appointment as registered agent and I agree to act in this capacity, and agree to comply with the provision of said act relative to keeping open the registered office at the address below.

AMUR H. FATEMI, M.D.

6934 St. Augustine Road Jacksonville, Florida 32217

