

LO9000110266

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CEDA HEALTH OF F.I.U./KENDALL, L.L.C.

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CEDA HEALTH OF F.L.U./KENDALL, L.L.C.**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  
11/16/2009 and assigned Florida document number L09000110266.

This amendment is submitted to amend the following:

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

**CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF  
F.I.U./KENDALL, L.L.C.**

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

**Enter new principal offices 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)**

**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:**

**New Registered Office Address:**

**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 608, 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.*

**Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated on this 15 day of January of 2013.

MARK A. CERECEDA  
Type or Printed Name

  
Signature of a Member, Managing Member or Manager

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