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To:			ဏ
•	Division of Co	rporations	
	Fax Number	: (850)617-6383	<b>1</b> 100
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	Account Number	: I20000000019	<u> </u>
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOSTRUM MEDICAL GROUP MSO, LLC

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## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION | H 1 6 0 0 0 2 0 9 1 3 8

NOSTRUM			MSO, L	. L C	
(Name of the Limit	ed Liability Company as i (A Florida Limited Liabilit	it now appears on o y Company)	ur records.)		
The Articles of Organization for this Limited L	iability Company were	filed on _09	106/2011	and ass	signed
Florida document number <u>L 11 00 0 1 0</u>	1882	•	•		
This amendment is submitted to amend the following	owing:		.'		
A. If amending name, enter the new name of	f the limited liability c	ompany here:	,		
OPTIMUS The new name must be distinguishable and contain the w	MSO 111	, 440			
The new name must be distinguishable and contain the w	ords "Limited Liability Con	mpany," the designa	tion "LLC" or the abl	reviacion "L	L.C."
Enter new principal offices address, if applic	able:	····			
(Principal office address MUST BE A STREE	TADDRESS)				No
·				A G	
					HX2
Enter new mailing address, if applicable:				23	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				<u> </u>
				Ö	
				23	ਵਿੱਜੀ '
B. If amending the registered agent and/ registered agent and/or the new registered of		address on our	records, enter	the name	of the nev
		•			
Name of New Registered Agent:				•	
New Registered Office Address:					
		Enter Florida str	eet 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

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

H16000209138

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			AUG 23
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