

L0900003729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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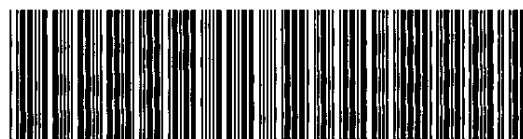
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 3 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ULTIMATE Surgical Centers, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Petersen

Name of Person

Flagler Holding Group, Inc

Firm/Company

4218 NE 2nd Avenue, 2nd Floor

Address

Miami, FL 33137

City/State and Zip Code

J.Petersen@Flagler6.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Petersen

Name of Person

at (305) 573-3900 X 33

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ULTIMATE SURGICAL CENTERS 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 2/10/2009 and assigned

Florida document number L09000013729

This amendment is submitted to amend the following:

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

Lionheart Management, LLC

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)

N/A - SAME AS EXISTING

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A - SAME AS EXISTING

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:

SAME AS EXISTING

New Registered Office Address:

SAME AS EXISTING

Enter Florida street 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 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.

N/A

If Changing Registered Agent, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Flagler Holding Group, INC	4218 NE 2nd Avenue MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OZ Holdings of Miami, LLC	780 NE 69th Street # T1A MIAMI, FL 33138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RICARDO DUVIN	4218 NE 2nd Avenue MIAMI FL 33137	<input type="checkbox"/> Add <input checked="" 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.)

N/A

Dated

July 28, 2010

Signature of a member or authorized representative of a member

John Petersen

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG - 2 PM 1:19