

L10000118392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2012 JAN 10 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINT
JAN 11 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2012

CLAUDIO SORRENTINO
PO BOX 1469
BOCA RATON, FL 33429

SUBJECT: SURGERY FINANCING PARTNERS, LLC
Ref. Number: L10000118392

We have received your document for SURGERY FINANCING PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 312A00000114

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgery Financing Partners, 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:

Claudio Sorrentino

Name of Person

Surgery Financing Partners, LLC

Firm/Company

PO Box 1469

Address

Boca Raton, FL 33429

City/State and Zip Code

csorrentino@surgeryfinancingpartners.com

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

For further information concerning this matter, please call:

Claudio Sorrentino

Name of Person

at (561)

245-0023

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

FILED
2012 JAN 10 PM 3:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Surgery Financing Partners, 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 11/12/2010 and assigned
Florida document number L1000118392.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

301 S. Federal Hwy. #1469
Boca Raton, FL 33432

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

301 S. Federal Hwy. #1469
Boca Raton, FL 33432

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:

Mitchell H. Sens

New Registered Office Address:

8211 W. Broward Blvd, Suite 440

Enter Florida street address

Plantation

Florida

33324

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.

#

Mitchell H. Sens
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

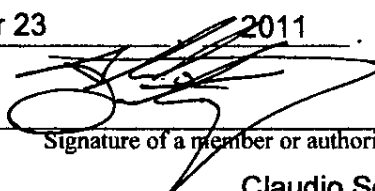
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Holzworth, Peter	265 S. Federal Hwy. #252 Deerfield Beach, FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Claudio Sorrentino	301 S. Federal Hwy. #1469 Boca Raton, FL 33429	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 23 2011



Signature of a member or authorized representative of a member

Claudio Sorrentino

Typed or printed name of signee

SECRETARY OF STATE
TREASURY
FLORIDA

2012 JAN 10 PM 3:00

FILED

**Action by Consent of Members
SURGERY FINANCING PARTNERS, LLC
Limited Liability Company**

Effective Date: December 23, 2011

By: Claudio Sorrentino, Managing Member

For: SURGERY FINANCING PARTNERS, LLC (the "Company")

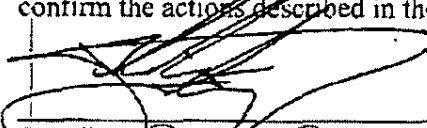
Pursuant to the Florida State Statutes which authorizes the Members of a limited liability company to take action without a meeting if the action is taken by all of the Members and the action is evidenced by one or more written consents describing the action taken, signed by the Members, and included in the minutes or files with the company records reflecting the action taken, the following resolutions and actions are hereby adopted by the Members:

RESOLVED, that Peter Holzworth's resignation as Manager of the Company be accepted, and that Claudio Sorrentino be appointed Managing Member of the Company.

RESOLVED, that Peter Holzworth's resignation as Registered Agent of the Company be accepted, and that Mitchell Sens is appointed as the new Registered Agent.

RESOLVED, that the Company address be changed with the State of Florida to be **301 S. Federal Hwy. #1469 Boca Raton, FL 33432-6025**

The undersigned, constituting all of the Members of the Company, hereby consent to, ratify, and confirm the actions described in the foregoing resolutions, as of the date first written above.



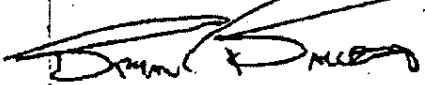
Claudio Sorrentino, Managing Member



Croft Investments Limited Partnership, Member



Peter Holzworth, Member



Bryan Ballejo, Member

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TALLAHASSEE, FLORIDA

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