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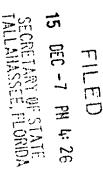
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## COVER LETTER

TO:		istration Section 's sion of Corporations					
Gastro-Inter		stina! Consultants of Central Florida, LLC				· ;	
SOLJE	CI	Name of Limi	ited Liability Company		2.4	:	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please 1	eturn all correspo	ndence concerning this matter	to the following:				
		Robert J Eldredge, EA					
			Name of Person		<del></del>		
		RJ Eldredge Co					
			Firm/Company		_		
		3580 E Gulf To Lake Hwy			NAT	15	
			Address			330	77
		Inverness, FL 34453			ASSE	: -7	
			City/State and Zip Code			R	EU
		lxlal@hotmail.com	, ,		. LORA	ŧ.	
Eastus	har information a	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not	ification)	意思	26	
		oncerning this matter, please ca	an. 352 344-8300 x	<b>-</b> ?			
Robert J Eldredge, EA  Name of Person		at ()	ne Telephone Numb	er			
Enclose	ed is a check for t	he following amount:					
□ \$25.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Stated Copy			
		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	orations				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gatro-Intestinal Consultants of Central Florida, 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  $\frac{12-14-2001}{1}$ and assigned Florida document number \_\_\_\_\_\_L01000021709 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here; DaVinci Surgical Health, LLC The new name must be distinguishable and contain 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) 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: Enter Florida street address , Florida

## 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 title, name, and address of each person being added or removed from our records:

MGP = Manager AMBR = Authorized Member

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