## 104000042687

(Requestor's Name)
(Address)
· ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



600038077286

06/25/04--01013--009 \*\*30.00

1202 PW

TO:

Registration Section Division of Corporations

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32399

## TRANSMITTAL LETTER

SUBJECT:	Miami Mu	sculoskeletal Institute, LL	С		
	(Name of L	imited Liability Company)		-	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	rrespondence concerning this matte	r to the following:			
	Paul M.	Zimmerman, MD			
	(	Name of Person)	<del></del>	•	•
	UHZ O	rthopaedics, LLC			
		Firm/Company)	<u></u>		
	3399 N.W	7. 72 Avenue, Suite 101			
_		(Address)	<del></del>		
	Mia	ami, FL 33122			
	(City	/State and Zip Code)	· · · ·		• -
For further informa	tion concerning this matter, please	call:			-
	Paul M. Zimmerman	at ( 305 )	599-9933		
	(Name of Person)	(Arca Code & Daytime	Telephone Number	ب ج	
Enclosed is a check fe	or the following amount:			5	***
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Miami Musculoskeletal Institute, LLC
_	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Aticles of Organization were filed on June 7, 2004 and assigned document numberL04000042687
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
	Name change to:
	UHZ Orthopaedics, LLC
	June 23, 2004
D-4-J	5 1> 3- 6 W

Filing Fee: \$25.00

Typed or Printed Name of Signee

Signature of a Member or Authorized Representative of a Member

<del>Paul M</del>. Zîmmerman