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M. HODGER

COVER LETTER

Division of Corporations
SUBJECT: Physicians for a Better Jacksonville Surgical 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:
Elizabeth A. Westlake, Esq.
(Name of Person)
Reznicsek & Fraser, P.A.
(Firm/Company)
240 Ponte Vedra Park Drive, Suite 150
(Address)
Ponte Vedra Beach, FL 32082
(City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Westlake at 904 567-1160
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

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

Physicians for a Better Jacksonville Surgical Partners, LLC (Present Name) (A Florida Limited Liability Company)

SECOND: This amendment is submitted to amend the following: Article I is hereby amended and restated in its entirety to read as 1 Article I		<u>'s:</u>
Article I		<u>'s:</u>
	₹S, LI	
	RS, LI	
The name of the Limited Liability Company is:	RS, LI	
PHYSICIANS FOR BETTER JACKSONVILLE SURGICAL PARTNEI		LC
	·	
Dated December 23, 2005.		,
NAM SUL		
Signature of a member or authorized representative of a member	:: ::	7. N.
Donald G. Ward Typed or printed name of signee	-	· I

Filing Fee: \$25.00