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## **COVER LETTER**

Tallahassee, FL 32301

TO:	Registration Se Division:of Cor		a }		
	ORLANDO	PLASTIC SURGERY CENT	ER, LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		THOM ROGERS			
			Name of Person		
		SWEETWATER LAW OF	FICES, PLC		
			Firm/Company		
		900 FOX VALLEY DRIV	E		
			Address		
		LONGWOOD, FLORIDA	32779		
		THOM@SWEETWATERI	City/State and Zip Code AW.COM		
		E-mail address: (	to be used for future annual report ne	utilication)	
For fur	ther information c	oncerning this matter, please ca	all:		
тном	4 ROGERS		407 869-1680		
	Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclos	ed is a check for the	he following amount:			
■ \$2	5.00 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)	
		ING ADDRESS:		RIER ADDRESS:	
Registration Section Division of Corporations		Registration Sect Division of Corp			
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### ORLANDO PLASTIC SURGERY CENTER, 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 FEBRUARY 14, 2005 and assigned Florida document number L05000016962

This amendment is submitted to amend the following:

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

POPE PLASTIC SURGERY, LLC

The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2629 EDGEWATER DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32804	PR T
		2. N H
Enter new mailing address, if applicable:	2629 EDGEWATER DRIVE	្ម៍ ភ្
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32804	10A
		ĥ

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:	E GEORGE II. POPE	
New Registered Office Address:	2629 EDGEWATER DRIVE	
	Enter Flo	rida street address
	ORLANDO	, Florida <sup>32804</sup>
	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 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:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
			Add
			Remove
			Change
			🗅 Add
			🗆 Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			🗆 Add
			Remove
			Change
			Add
			Change
<u> </u>			🗆 Add
			Change
			Add
			Change

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

• • • •	

E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	April_	6,	2019
		Signature 6Fa m	ember or authorized representative of a member

GEORGE H. POPE

Typed or printed name of signee

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Filing Fee: \$25.00