

10/24/2013 16:09 FAX 9417452093

BLALOCK WALTERS

001.004

10/24/13

Division of Corporations

LOS 000032789

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE HEART INSTITUTE OF VENICE, PLLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

THE HEART INSTITUTE OF VENICE, PLLC

(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 04/04/2005 and assigned
Florida document number L05000032789

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 "L.L.C."

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)

THE HEART INSTITUTE OF VENICE, PLLC
P.O. BOX 830
OSPREY, FLORIDA 34229

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 24 PM 4:19

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

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

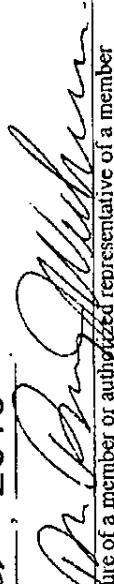
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DR. GEORGE T. ABERNATHY	1370 E. VENICE AVE	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		VENICE, FL 34285	
MGRM	DR. BARRY J. WECKESSER	1370 E. VENICE AVE	<input type="checkbox"/> Add
		SUITE 102	<input checked="" type="checkbox"/> Remove
		VENICE, FL 34285	
MGR	DR. BARRY J. WECKESSER	1370 E. VENICE AVE	<input checked="" type="checkbox"/> Add
		SUITE 102	<input type="checkbox"/> Remove
		VENICE, FL 34285	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
ALLAH MASSIE
OCT 15 2013

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

Dated 24 October, 2013


Signature of a member or authorized representative of a member

DR. BARRY J. WECKESSER

Typed or printed name of signer

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