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SIVISION OF CORPORATIONS

T. HAMPTON
JAN 1 4 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DOPAL SURGICAL SCRUCES, LLC Name of Linking Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAXIMO R. TIRADOR Name of Person
Doral Surgical Services, LC
6440 NW 114th Ave Unt 405
DORAL FLORIDA 33178  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA D Roctugue 2 at 305, 463-6690  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \]  \$30.00 Filing Fee & \text{Certified Copy} & \text{Certificate of Status & Certified Copy} & \text{Certified Copy} & \tex

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL SURGICAL	Services LLC
(Name of the Limited Liabblity Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 04-25-200 band assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- <del>S</del> SS
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	JAN 9
B. If amending the registered agent and/or registered office 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 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.

City

Zip Code

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>Address</u> Name 1 **Type of Action X** Add ☐ Add □ Remove ☐ Add Remove Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Marino R. Treater

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee

Signature of a member or authorized representative of a member