

LO6000068234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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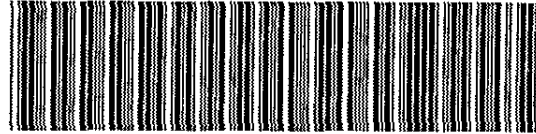
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA PLASTIC SURGERY, 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:

DR. W. ESHBAUGH

(Name of Person)

SOUTH FLORIDA PLASTIC SURGERY, LLC

(Firm/Company)

3501 Health Center Blvd, Suite 2410

(Address)

Bonita Springs, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

AARON HOLT

(Name of Person)

at (305) 502-5460

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 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)

↓
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

FILED

06 NOV -3 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOUTH FLORIDA PLASTIC SURGERY, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 7/10/06 and assigned
document number L06000068234.

SECOND: This amendment is submitted to amend the following:

ARTICLE V: The name and address of managing members are:

Title: MANAGING MEMBER

WILLIS G ESHBAUGH

3501 HEALTH CENTER BLVD., SUITE 2410

BONITA SPRINGS, FL 34135

Title: MANAGING MEMBER

PAUL M GARDNER

3501 HEALTH CENTER BLVD., SUITE 2410

BONITA SPRINGS, FL 34135

Dated OCTOBER 27, 2006.



Signature of a member or authorized representative of a member

Willis G. ESHBAUGH, Jr MD

Typed or printed name of signee

Filing Fee: \$25.00