100000 Jab 177

(Requestor's Name)			
(Address)			
•			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
. (Document Number)			
·			
Certified Copies Certificates of Status			
· 			
Special Instructions to Filing Officer:			
<u>්</u>			

Office Use Only



200112325742

11/19/07--01026--004 **25.00

SECKLIARY OF STATE

COVER LETTER

	ation Section n of Corporations		
SUBJECT:E	merald Coast Diversified (Name of Li	FWB, L.L.C. mited Liability Company)	
	correspondence concerning this matter		
	<u>William Marshall, N</u>	(Name of Person)	
		(Firm/Company)	07 M SECI TALL
	928-D Mar Walt Dri	ve (Address)	07 NOV 19 SECRE TARY ALLAHAS SEE
	Fort Walton Beach,	FL 32547 (City/State and Zip Code)	PM 4: 13 OF STATE E. FLORIDA
For further inform	mation concerning this matter, please	call:	
. William Ma	rshall, M.D. (Name of Person)	at (<u>850) 863–2153</u> (Area Code & Daytin	ne Telephone Number)
Enclosed is a chec	k for the following amount:		
★ \$25.00 Filing F	ee □\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURI	ER ADDRESS:

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

. . . .

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name) (A Florida Limited Liability Company)

Emerald Coast Diversified FWB, L.L.C.

		Sec. 18
FIRST:	The Articles of Organization were filed on <u>December 18, 2006</u> and assigned document number <u>L06000120117</u> .	
SECOND:	This amendment is submitted to amend the following:	
	Change present name to: Surgical Specialists, ASC, L.L.C.	
	Change Registered Agent Name & Address to:	
	Marshall, William	
	928 D Mar Walt Drive	-
	Fort Walton Beach, FL 32547	
	PH 4: 13 OF STATE ORIDA	
Dated	November 13 , 2007 .	
	Signature of a member or authorized representative of a member	
	William Marshall, M.D.	
	Typed or printed name of signee	

Filing Fee: \$25.00