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•				
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N. Culligan DEC 2 0 2010

COVER LETTER

TO: Registration Section Division of Corporation	ons ,		
SUBJECT:	East Bay	Surgical Arts, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	,	Michael Robey	
		Name of Person	
	S	implifi Business, Inc.	<u></u>
		Firm/Company	
		324 S. Plant Avenue	
		Address	
	•		
		Tampa, Florida 33606 City/State and Zip Code	
,		•	
	E-mail address: (michael@simplifi.biz to be used for future annual report notificati	on)
For further information concerni			•
Michael	Robey	at (813) 34	1-3344
Name of Person	·	Area Code & Daytime Te	lephone Number
Enclosed is a check for the follow	wing amount:		
	0.00 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)

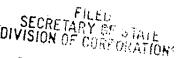
MAILING ADDRESS:

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**

East Bay Surgical Arts, LLC



10 DEC 17 AMII: 03

Zip Code

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/06/2007 and assigned
Florida document numberL0700080287	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Tampa Bay Surgi	
The new name must be distinguishable and end with the words "Limit "L.L.C."	
Enter new principal offices address, if applicable:	1602 Oak field Drive
(Principal office address MUST BE A STREET ADDRESS)	1602 Oak field Drive Suite 109 Brandon, FL 33511
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office 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

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 **Title Address Type of Action** <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member of authorized representative of a member ANH-TUAN N. TRUONG
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00