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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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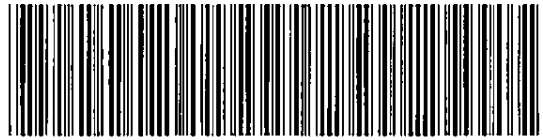
(Business Entity Name)

(Document Number)

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Drs Traina & Ibars, Consultants in Neurological Surgery, LLC
PO BOX 430885
South Miami, FL 33243-0885
Office: 305-740-8036

November 1, 2024

Division of Corporation
Registry Section
PO BOX 6327
Tallahassee, FL 32314

Re: Change of Name: Drs Traina & Ibars, Consultants in Neurological Surgery, LLC,
L0700010948

To Whom It May Concern:

Attached you will find a request to change the name of the above referenced LLC. One of the doctors has retired and the remaining doctor wishes to change the name of the entity to George C. Ibars, MD, Neurosurgery, LLC.

Please do not hesitate to contact me if you have any questions @ 786-456-4107.

Thank you.

Jorge Doimeadios
Group Administrator

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

DRS. TRAINA & IBARS, CONSULTANTS IN NEUROLOGICAL SURGERY, LLC

(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 10-16-2007 and assigned
Florida document number L07000104948.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GEORGE C. IBARS, MD, NEUROSURGERY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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


MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

GEORGE C. IBARS, MD
Typed or printed name of signer

Filing Fee: \$25.00