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From:

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: Greenspoon Marder, P.A.

Account Number : 076064003722

: (407)422-6583

Phone

Fax Number

: (954)343-6962

LLC AMND/RESTATE/CORRECT OR M/MG RESTO

FLORIDA ATLANTIC ORTHOPEDICS, "LLC"

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Corporate Filing Menu

JUL - 7 2008

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Lir	Company as it now appears on our recor mited Liability Company)	_
The Articles of Organization for this Limited Liability Cor	mpany were filed on 4/30/08	and assigned
Florida document number L08000043652		
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limite	ed liability company here:	
FLORIDA ATLANTIC ORTHOPEDICS, P.L.		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRE	35(5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		70 10
		1 1-4-3 CT223
B. If amending the registered agent and/or register	red office address on our records,	enter the name of the new
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our records, ess here:	enter the name of the new
registered agent and/or the new registered office addre	red office address on our records, ess here:	enter the name of the new
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, ess here:	enter the name of the new
registered agent and/or the new registered office addre	as here:	enter the name of the new
Name of New Registered Agent:	as here:	enter the name of the new
Name of New Registered Agent:	as here:	enter the name of the new SCRY 0 SCR

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.

(If Changing Registered Agent, Signature of New Registered Agent)

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:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<u>l'itle</u>	<u>Name</u>	Address	Type of Action
Add Remove Add Re				
Add Remove I Add Remove Add Remove I He ARTICLES OF ORGANIZATION ARE AMENDED TO PROVIDE THE FOLLOWING: THAT FLORIDA ATLANTIC ORTHOPEDICS, LLC HEREBY ELECTS TO BECOME A PROFESSIONAL LIMITED LIABILITY COMPANY THE COMPANY WILL ENGAGE IN THE SPECIFIC BUSINESS OF PROVIDING MEDICAL SERVICES AS A PROFESSIONAL LIMITED LIABILITY COMPANY AND TO CARRY ON SERVICES INCIDENT THERETO, BOTH DIRECTLY THROUGH THE COMPANY AND/OR INDIRECTLY THROUGH OWNERSHIP IN A PROFESSIONAL SERVICE CORPORATION OR A PROFESSIONAL LIMITED LIABILITY COMPANY AND/OR INDIRECTLY THROUGH OWNERSHIP IN A PROFESSIONAL SERVICE CORPORATION OR A PROFESSIONAL LIMITED LIABILITY COMPANY ENGAGED IN THE PRACTICE OF MEDICINE. THE COMPANY SHALL BE PERMITTED TO ENGAGE IN SUCH OTHER BUSINESS AND SALE OF PRODUCTS INCIDENTAL TO THE PRACTICE OF MEDICINE AS A PROFESSIONAL LIMITED LIABILITY COMPANY AS MAY BE AUTHORIZED OR PERMITTED BY FLORIDA LAW. Dated 30 , 2008				
D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE ARTICLES OF ORGANIZATION ARE AMENDED TO PROVIDE THE FOLLOWING: THAT FILDRIDA ATLANTIC CRTHOPEDICS, LLC HEREBY ELECTS TO BECOME A PROFESSIONAL LIMITED LIABILITY COMPANY. THE COMPANY WILL CONDUCT BUSINESS UNDER THE NAME OF FLORIDA ATLANTIC DRITHOPEDICS, P.L. THE COMPANY WILL ENGAGE IN THE SPECIFIC BUSINESS OF PROVIDING MEDICAL SERVICES AS A PROFESSIONAL LIMITED LIABILITY COMPANY AND TO CARRY ON SERVICES INCIDENT THERETO, BOTH DIRECTLY THROUGH THE COMPANY AND TO CARRY ON SERVICES INCIDENT THERETO, BOTH DIRECTLY THROUGH THE COMPANY AND TO COMPANY SHALL BE PERMITTED TO ENGAGE IN SUCH OTHER BUSINESS AND SALE OF PRODUCTS INCIDENTAL TO THE PRACTICE OF MEDICINE AS A PROFESSIONAL LIMITED LIABILITY COMPANY AS MAY BE AUTHORIZED OR PERMITTED BY FLORIDA LAW. Dated 38. 2009 Signature of a member december of the procession of a member XAVIER ESCOBAR		· · · · · · · · · · · · · · · · · · ·		
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