

W08000052982

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HERNANDO NEUROSURGERY, LLC

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H/08000146249.3

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

HERNANDO NEUROSURGERY, 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 05/28/2008 and assigned
Florida document number L08000052982.

This amendment is submitted to amend the following:

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

HERNANDO NEUROSURGERY, PLLC

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

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida
(City)

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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:

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MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The company is organized in compliance with Chapter 608 and 621 F.S.

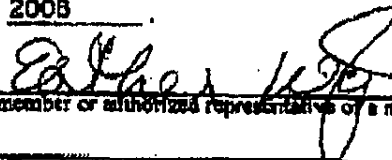
ARTICLE VI. - PURPOSE:

The purpose of the LLC is to provide licensed professional medical and neurosurgical services.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Dated June 4, 2008



Signature of a member or authorized representative of a member
Esther L. Wylen MD

Typed or printed name of signee