Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Number : I20090000005

Account Name : VITALMD GROUP HOLDING

Phone : (305)273-4641

Fax Number

: (305)273-0405

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOTL OB-GYN SERVICES, LLC

Certificate of Status	1
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Page Count	05
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SFP - 1 2009

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Corporate Filing Menu

EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ke @ temw E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status &

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

H090001921663

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOTL OB-GYN Services LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					

(A Florida Lin	mited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number LOSOSS 5975	mpany were filed on <u>((</u>	16.2008	and assign	eď
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here	<u>e</u> :		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "L	LC" or the abbr	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	-	5.0 23	
		r. r		1
				Managage.
Enter new mailing address, if applicable:			<u> </u>	Contact:
(Mailing address MAY BE A POST OFFICE BOX)			me E	1
		· · · · · · · · · · · · · · · · · · ·	TO O	المسيداً
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on o ess here:	our records, <u>enter t</u>		<u>he nev</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida	7: 0 1	
	City		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 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

Page 1 of 2

H090001921663

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Robert Boyett, MD	3225 Aviation Avenue Suite 700 Miami, FL 33133	Add Remove
MGRM	VitalMD Group Holding, LLC	3225 Aviation Avenue Suite 100 Miami, FL 33133	Add Remove
		,	Add Remove
•			Add Remove
		A SA	Remove
	· · · · · · · · · · · · · · · · · · ·	所 で で い い い い い い い い い い い い い い い い い	Remove
D. If amen	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	<u>-</u>
·			_
			_
Dated	Signature of a member of	or authorized representative of a member	
	Rober	•	

Page 2 of 2

Filing Fee: \$25.00