

LO800079373

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

212008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surgical Trip, LLC
(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:

Jessica Kohn
(Name of Person)

Surgical Trip, LLC
(Firm/Company)

7491 North Federal Highway, Suite C-5, #293
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Kohn at (954) 801-9010
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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

Surgical Trip, 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 8/18/2008
Florida document number L08000079373

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

7491 North Federal Highway, Suite C-5, #293

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33487

Enter new mailing address, if applicable:

7491 North Federal Highway, Suite C-5, #293

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33487

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:

Brad Cook

New Registered Office Address:

7491 North Federal Highway, Suite C-5, #293

(Enter Florida street address)

Boca Raton

Florida 33487

(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)

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

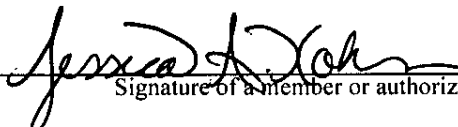
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jessica Kohn	300 E. Club Circle, #202 Boca Raton, FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	Tom O'Hara	150 North Radnor Chester Road, Suite F100 Radnor, PA 19087	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
COO	Brad Cook	7491 North Federal Highway, Suite C-5, #293 Boca Raton, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
2:56 PM

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

Dated October 13, 2008



 Signature of a member or authorized representative of a member
 Jessica Kohn

 Typed or printed name of signee