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(Requestor's Name) (Address)	000141708490	
(Address) (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	01/23/0901045012 **60.00	
(Business Entity Name) (Document Number)		
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Special Instructions to Filing Officer:	GRETARY OF STATE SIGN OF CORPORATIONS	
Office Use Only		
	JAN 2 6 2009 EXAMINER	

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4		COVER LETTER	
TO: Registration Se Division of Cor		•	· · ·
SUBJECT: Heart [Doctors of Ocala, LL		
	(Name of Limi	ited Liability Company)	
• The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sanaz Sonya Dabiri-Nas		
		(Name of Person)	
	Heart Doctors of Ocala, L		
		(Firm/Company)	
	2930 SE 31st Street	(Address)	
		(100105)	
	Ocala, Florida 34471	(City/State and Zip Code)	
For further information c	oncerning this matter, please ca	all:	
Sanaz Sonya Dabiri-N	asser	at (352) 342-1731	***
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	-		
\$25.00 Filing Fee	Solution Status Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heart Doctors of Ocala, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>12/30/2008</u> and assigned Florida document number <u>L08000118017</u>.

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 "L.L.C."

Enter new principal offices address, if applicable:	<u> </u>	DI
(Principal office address MUST BE A STREET ADDRESS)	ر و جر ا	VISION /
Enter new mailing address, if applicable:		ORPOS
(Mailing address MAY BE A POST OFFICE BOX)		ATIO
		1 20

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Sanaz Sonya Dabiri-Nasser	
New Registered Office Address:	9401 SW HWY 200 BUILD	ING 6000 SUITE #6003
	(E	inter Florida street address)
	Ocala	Florida 34481
	(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 orderess, 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

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

i

Title	Name	Address	<u>Type o</u>	of Action
MGR	Sanaz Sonya Dabiri-Nasser	2930 SE 31st Street Ocala, Florida 34471	∎ Add ∎ ØRen	
MGRM	Ali Nasser, MD	9401 SW HWY 200 BUILDING 6000 SUITE #6003 Ocala, Florida 34481	n Add	l nove
			[] Add [] Ren	l nove
			Add	l nove
			Add Rem	
			Add Rem	
D. If amendin 	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	09 JAN 23 PM	SECRETARY O DIVISION OF COR
			 	PORATIONS
Dated January	MagAin	r authorized representative of a member	_	
_	Sanaz Sonya Dabiri-Nass	er		
Typed or printed name of signee Page 2 of 2				
Filing Fee: \$25.00				