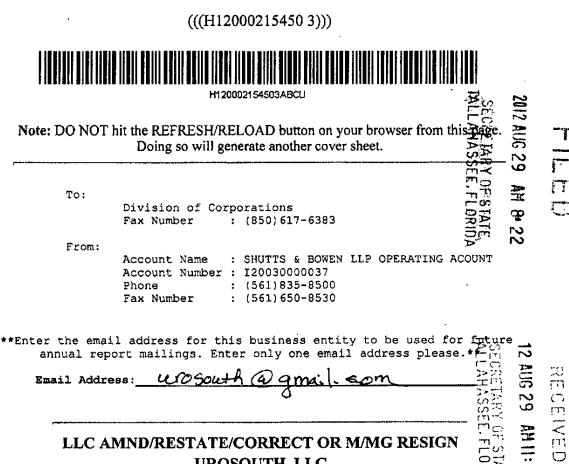
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



UROSOUTH, LLC

| Certificate of Status | 0 |
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COVER LETTER

| | stration Section sion of Corporations | | | |
|----------------|--|--------------------|-------------|-----|
| SUBJECT: | UROSOUTH, 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: | | | |
| | James A. Farrell, Esq. | | | |
| | Name of Person | A SE | 2817 | |
| | Shutts & Bowen, LLP | | | |
| | Firm/Company | HAR! | 2012 AUG 29 | |
| | 525 Okeechobee Blvd., Suite 1100 | Y OF STA | 9 AM 8º 22 | 'n |
| | Address | | | - |
| | West Palm Beach, FL 33401 | | | |
| | City/State and Zip Code | > | | |
| | E-mail address: (to be used for future annual report notification) | | | |
| For further in | formation concerning this matter, please call: | | | |
| | James A. Farrell, Esq. at (561) 650-8539 | | | |
| | Name of Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a | check for the following amount: | | | |
| \$25.00 Fi | ing Fee \$\bigcup \\$30.00 \text{ Filing Fee & }\bigcup \\$55.00 \text{ Filing Fee & }\bigcup \\$60.00 \text{ Filing Fee & }\b | e of State Copy | | ed) |

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited | UROSOU | ny as it now appears o | n our records.) | | | |
|---|--|--|---|---|------------------|--|
| (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed onMarch 17, 2009 and assigned Florida document numberL09000025934 | | | | | | |
| This amendment is submitted to amend the folio | wing: | | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | • | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | ited Liability Company, | " the designation "L | LC" or the abb | revistion | |
| Enter new principal offices address, if applicable: | | 7000 SW 62nd / | Avenue | Es | 20 | |
| (Principal office address MUST BB A STREE) | | Sulte 340 | | C E | 7:53 | |
| (2.18.00) | | Miami, FL 33143 | | 2217 | 富工 | |
| | | * | | SSE | 29 | |
| Enter new mailing address, if applicable: | | 7000 SW 62nd / | Avenue | <u> </u> | - 결 는 | |
| (Mailing address MAY BE A POST OFFICE E | OXI | Suite 340 | | 700 | | |
| | | Miami, FL 33143 | 3 | SE SE | ₽ } | |
| | | | | D. | 73 | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | r registered of ice address her | fice address on our c: | records, enter ! | he name of t | he new | |
| Name of New Registered Agent: | Marvin Bondhus, M.D. | | | | | |
| New Registered Office Address: | 7000 SW 62 | 2nd Avenue, Suite | 340 | | | |
| TIVE COMPANIES OF STREET | | Enter Florida street address | | | | |
| | | Miami | , Florida | 33143 | | |
| | | City | | Zip Code | | |
| New Registered Agent's Signature, if changing R. | egistered Agent: | | | | | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c | oper and completered agent as pegistered office hange. | lete performance of i provided for in Chapi address, I hereby co | ny duties, and I a ter 608, F.S. Or, nfirm that the lim | m familiar wi if this docume sted liability | ith and | |
| If Changing Registered Agent Signature of Now Recistored Agent Marvin Borkillus, frequency | | | | | | |

Page 1 of 2

MGR = Manager

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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:

| MGRM = M | ianaging Member | | |
|--------------|----------------------|---|---|
| <u>Title</u> | Name | Address | Type of Action |
| MGRM | Marvin Bondhus, M.D. | 7000 SW 62nd Avenue, Suite 340 Miami, Fl. 33143 | Add Remove |
| MGRM | Stephen Pierce | 4709 S.W. 75th Avenue Miami, FL 33183 | Add Remove |
| | | | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| · | | | Add Renxove |
| D. If amend | | zo(s) here: (Attach additional sheets, if necessary.) | 2012 AUG 29 A SECRETARY OF PALLAMASSEE, |
| | | | AM 8º 22 JFSTATE FLORIDA I |
| Dated | August 28 , 20 | 012 | |
| | X — | Boll | |
| | | r or authorized representative of a member | |
| | Mai Typed | rvin Bondhus, M.D. For printed game of signac | |

Page 2 of 2

Filing Fee: \$25.00