

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GASTROENTEROLOGY OF PALM BEACH, LLC

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EXAMINER

APR - 9 2009

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Corporate Filing Menu

Help

GASTROENTEROLOGY OF PALM BEACH, LLC

GENERAL SURGERY OF PALM BEACH, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4.09000083549.3

(A Florida Elimited Elability Company)		္ တ	E.	
The Articles of Organization for this Limited Liability Company were filed on 00	3/18/2009	nd assign	fe d	C
Florida document number L09000026814	•		8: -	
This amendment is submitted to amend the following:		77		

(Name of the Limited Liability Company as it now appears on our records.

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

L.L.C."	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
•	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	

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

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 Flo	rida street address)
		, Florida
	(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)

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<u>Title</u>	Name	Address	Type of Action
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D. If amendi	ng any other information,	enter change(s) here: (Attach additional she	ets, if necessary.)
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Dated April 8th	1	2009	
	Signature of	of a member or authorized representative of a men	mber
	Shahmir Qui	roohi	

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