

11/28/2018 13:25 FAX

Division of Corporations

001

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09000090367

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALISA SURGICAL INVESTORS, LLC**

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T. CLINE

NOV 29 2018

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALISA SURGICAL INVESTORS, 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 9/18/2009 and assigned
Florida document number L09000090367

This amendment is submitted to amend the following:

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

DR SURGICAL INVESTORS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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**)

2018 NOV 28 AM 9:06
CLERK OF STATE
ADMINISTRATIVE

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 Florida street address

City, Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALISA ADLER	12959 Palms West Drive, Suite 130	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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NOV 28 2018
 9:48
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 ATTORNEY GENERAL
 TALLAHASSEE, FL 32301-0001

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

2010 NOV 28 AM
STATIONARY
STATIONARY

2016 NOV 28 AM 9:06
FLORIDA STATE
UNIVERSITY
TALLAHASSEE, FLORIDA

□□

F. Effective date, if other than the date of filing: _____ (optional) 9
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 28, 2018

Signature of a member or authorized representative of a member

MICHAEL S. SINGER, Authorized Representative

Typed or printed name of signee