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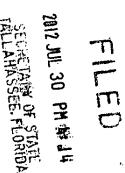
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
JUL <b>31</b> 2011					
EXAMINER					

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## **COVER LETTER**

TO:	Registration of	on Section f Corporations			
SUBJE	ECT:	Premier Orthopedic and Neurosurgical Group, LLC			
	- · · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company			
The en	closed Article	es of Amendment and fee(s) are submitted for filing.			
Please	return all con	respondence concerning this matter to the following:	2012 JUL 30 PH # 44	-4-1	
		Dr. Brian Bauer	H F		
		Name of Person	SSE		
		Premier Orthopedic and Neurosurgical Group, LLC			
		Firm/Company	SRIA SE		
		150 S. Andrews Avenue, Suite 430	D: 4		
		Address			
		City/State and Zip Code			
		E-mail address: (to be used for future annual report notification)			
For fur	ther informat	tion concerning this matter, please call:			
		Dr. Brian Bauer at ( 954 ) 941-2679			
	Ne	ame of Person Area Code & Daytime Telephone Number	•		
Enclose	ed is a check	for the following amount:			
<b>\$25</b>	.00 Filing Fe	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

Premier Orthop	edic and Neurosurgica	l Group, LLC		
(Name of the Limited I (A)	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)	1	
The Articles of Organization for this Limited Lia	bility Company were filed on	10/29/2009	and assigned	
Florida document numberL090001045				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company he	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical	ble:		·····	
(Principal office address MUST BE A STREET	ADDRESS)			
			20	
		( ) }: ==	2	
Enter new mailing address, if applicable:		X		
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )		£ 9 L	
			学 3	
		9 2)		
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on	our records, enter it	de name of the nev	
registered great and/of the new registered diff	ec address nere.			
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida 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

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 Type of Action **Address** <u>Title</u> Name **MGMR** Dr. Brian Bauer 150 S. Andrews Avenue, Suite 430 Pompano Beach, FL 33069 Robert Simon, M.D. MGR Premier Orthopedic and Neurosurgical Add 150 S. Andrews Avenue, Suite 430 Pompano Beach, FL 33069 ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Dr. Brian Bauer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00