

L09000121639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300182136833

07/09/10--01001--006 \*\*25.00

B. KOHR

JUL - 9 2010

EXAMINER

FILED  
10 JUL - 8 AM 11:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SFM Urology II, LLC  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL -8 AM 11:07

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Wallace

Name of Person

McDermott Will & Emery

Firm/Company

227 W. Monroe, Suite 4400

Address

Chicago, IL 60606

City/State and Zip Code

mwallace@mwe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Wallace

Name of Person

at ( 312 )

984-7757

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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**

SFM Urology II, LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL -8 AM 11:07

The Articles of Organization for this Limited Liability Company were filed on 12/22/2009 and assigned  
Florida document number L09000121639.

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: 3343 State Road 7  
(Principal office address MUST BE A STREET ADDRESS) Wellington, FL 33449

Enter new mailing address, if applicable: 3343 State Road 7  
(Mailing address MAY BE A POST OFFICE BOX) Wellington, FL 33449

**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: 3343 State Road 7  
*Enter Florida street address*  
Wellington, Florida 33449  
*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	South Florida Medicine, LLC	3343 State Road 7 Wellington, FL 33449	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 29, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Ravi Patel  
\_\_\_\_\_  
Typed or printed name of signer