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EXAMINER

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Name of Limit	ca Center ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	A21- BA	Name of Person MEdical Firm/Company Address	ZOIONOV -8 -PH 4: 1	
	Holk Bak E-mail address: (to	City/State and Zip Code MEd Central growth obe used for future annual report notification.	neil (em	
For further information cor	ncerning this matter, please ca	all:		
A 21 296 Name of I		at (954) 962- Code & Daytime Te	O \ O Z elephone 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 enclo	osed)

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



BAKU MEDICAL CENTER
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on	and assigned
SECOND	This amendment is submitted to amend the following:	
	DELETE: ANDRES ZAPATA	
	ADD: AZIZAGA SALIMON	MGRM
	AZIZAGA SALIMOV 6067 Hollywood Blud Hollywood FL 33624	
	6067 Hollyware block	#201
	Hollywood Fr. 33624	
Dated	•	
	Signature of a number or authorized representative of a number of authorized representative of a number of signee	a member
	Typed or printed name of signee	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

(Signature)