

L10000107326

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORTHOPEDIC & NEUROLOGY GROUP OF SOUTH FLORIDA,
LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

A. LUNT
NOV 19 2010
EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H10000250749

ORTHOPEDIC & NEUROLOGY GROUP OF SOUTH FLORIDA, 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 10/13/2010 and assigned
Florida document number L10000107326

This amendment is submitted to amend the following:

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

(SAME)

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:

(SAME)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(SAME)

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROBERT A MOYA

New Registered Office Address:

5400 SO. UNIVERSITY DRIVE, SUITE 401

Enter Florida street address

DAVIE

Florida

33328

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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TALLAHASSEE, FLORIDA

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

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Title	Name	Address	Type of Action
MGRM	RUBEN J MUNEZ	5400 SO. UNIVERSITY DRIVE, 401 DAVIE, FLORIDA 33328	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROBERT A MOYA	5400 SO. UNIVERSITY DRIVE, 401 DAVIE, FLORIDA 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	YUDELMIS A LOREDO	5400 SO. UNIVERSITY DRIVE, 401 DAVIE, FLORIDA 33328	<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

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

Dated OCTOBER 26, 2010

Signature of a member or authorized representative of a member:

ROBERT A MOYA

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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