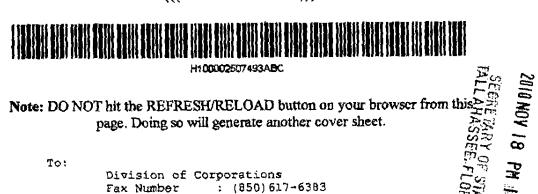
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000250749 3)))



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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#10000₀₂₅₀₇₄₉

ORTHOPEDIC & NEOROLOGY GROUP OF SOUTH FLORIDALLC (Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)

	Liability Compan	y were filed on	10/13/2010	and assigned	
Florida document numberL1000010	7326			- mail	
	- 			261 SE SE	
This amendment is submitted to amend the fol	llowing:			ZOIO NOV	
A. If amending name, enter the new name	of the limited lia	bility company be	E .	SSEA S	
	(SAI	ME)			
The new name must be distinguishable and end w "L.L.C."	vith the words "Lin	nited Liability Compa	my," the designation "	UC or the abbreviation	
Enter new principal offices address, if applicable:		(SAME)	<u> </u>	> \(\alpha \)	
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		(SAME)			
(Mailing address MAY BE A POST OF FICE BOX)					
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address be	ffice address on (<u>re</u> :	sur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	ROBERT	AMOYA			
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	Resistered Agent	E			
hereby accept the appointment as register					

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. Liberally confirm that the limited liability company has been notified in writing of this change.

> If Changing Refinings of New Resistered Asset

Page 1 of 2

H10000250749

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	

H10000250749

Title	Name	Address	Type of Action
MGRM	RUBEN J MUNEZ	5400 SO. UNIVERSITY DRIVE, 401 DAVIE, FLORIDA 33328	Add Remove
<u>MGRM</u>	ROBERT A MOYA	5400 SO. UNIVERSITY DRIVE, 401 DAVIE, FLORIDA 33328	Add Remove
MGR	YUDELMIS A LOREDO	5400 SO. UNIVERSITY DRIVE.401 DAVIE_FLORIDA.33328	_ [Z] Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter than	nge(s) here: (Attach additional sheets, if necessary)	Add MOV 18
			PM 1:24
Dated	, (2010	
		POPERTA MOYA ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00 H 1 0 0 0 0 2 5 0 7 4 9