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To:			
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	Account Name	: CORPORATE CREATIONS INTERNATIONAL IN	≀C.
	Account Number	: 110432003053	
	Phone	: (561)694-8107	2020
	Fax Number	: (561)694-1639	3
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UROLOGY GROUP OF FLORIDA, LLC

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Email Address:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UROLOGY GROUP OF FLORIDA, LLC		
(Name of the Limited Liability Cor (A Florida Limit	ied Liability Company)	(Orus.)
The Articles of Organization for this Limited Liability Compa	any were filed on 02/28/2011	and assigned
Florida document number L11000025059		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2929
Enter new mailing address, if applicable:		<u> </u>
Muiling address MAY BE A POST OFFICE BOX		. Š •
Training House Car Trival Add / 1 & Oct Oct 1 102 2001.		ال
		Ū . <mark>.</mark>
B. If amending the registered agent and/or registered offi	ce address on our records, <u>er</u>	nter the name of the new register
agent and/or the new registered office address here:		00
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, 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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GOLDBERG, MURRAY G, Dr.	5350 WEST ATLANTIC AVE., SUITE 102	□Add
		DELRAY BEACH, FL 33484	■ Remove
		<u></u>	Change
MGR	YORE, LAWRENCE M, Dr.	5350 WEST ATLANTIC AVE., SUITE 102	🗆 Add
		DELRAY BEACH, FL 33484	≅Remove
			□Change
MGR	KAUFMAN, LEONARD, Dr.	5350 WEST ATLANTIC AVE., SUITE 102	□Add
		DELRAY BEACH, FL 33484	≅ Remove
			🗆 Change
MGR URC	OLOGIC PHYSICIANS AND SURGEONS, P.A.	Murray Goldberg, President, Director	≅Add
		1411 N. Flagler Drive, Ste #5300	□Remove
		West Palm Beach, Florida 33401	□Change
MGR ADVAN	CED UROLOGY OF SOUTH FLORIDA, LLC	Lawrence Yore, Manager	≣ Add
		5350 W. Atlantic Ave, Suite 102	□ Remove
		Delray Beach, Florida 33484	□Change
MGR WEINS	TEIN KAUFMAN MEINBACH UROLOGY, P.A.	David Weinstein, President	≣∧dd
		4889 South Congress Avenue	□Remove
		Lake Worth, Florida, 33461	□Change

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fan effecti Note: If t	date, if other than the date of filing:
e record sprd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Au Dated	gust 13th 2020
Dated	CLMann, 2020
Dated Au	Signature of a member or authorized representative of a member

Filing Fee: \$25.00