Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000157216 3)))



H110001572153ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED TO STATE SEGRETARY OF STATE ALLAHASSEE FLORING

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH POINT INJURY CENTER, LLC

Certificate of Status 0
Certified Copy 0

Page Count 03

Estimated Charge \$25.00

J. SAULSBERRY EXAMINER

JUN 15 2011

Electronic Filing Menu

Corporate Filing Menu

Help

H11000157216

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sath fo	mt Inivers	lenter LL(न र	
(Name of the Limited	Liability Company as it nov A Florida Limited Liability Co	mpany)	ט	
The Articles of Organization for this Limited L Florida document number <u>L/I/O/O/O</u>		on_12/11	ZOME JUN I	- 159 - 159
This amendment is submitted to amend the foll			SEE, F	
A. If amending name, enter the new name of	of the Hunited Bability comp	any here:	9: 2 STAT LORI	San species
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liabilit	y Company," the designati	on "LLC" or the abbrev	iation
Enter new principal offices address, if appli	cable:			_
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>		, 1 - 1 - 1
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, <u>en</u>	ter the name of the	пет
Name of New Registered Agent:	Juan Jul	lio Santar)a ·	
New Registered Office Address:	6817 South	Point PKU Enter Florida stree	UStr 230	<u>3</u>
	Jacksonville (City)	, Florid	22211	<u>.</u>
Non-The-dayed America Clausers 18 chambers	Durthand America			

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.

pag Registered Agent, Signature of New Registered Agent)

H 1 1 0 0 0 7 5 1 7 2 16

MGR = Manager

LAZARUS

H 1 1 0 0 0 1 5 7 2 1 6

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:

MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
Hark	FOSTER CUILUNE	5817 South Point Pruf	Add Remove			
HBRY	Juan Julio Santano	Jock South Point PKWY	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
		<u> </u>	Add Remove			
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary).	JUN 14			
		EL OPIOA	MH 9: 23			
Dated	Tune 13 , 201	<u>1 ·</u> .:				
	Juan Jul	r authorized representative of a member				
	ı ypca or	printed name of signee				

Page 2 of 2

H 1 1000157216

Filing Fee: \$25.00