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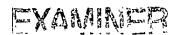
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SECRETARY OF STATE
DIVISION OF CORPERATION

T. HAMPTONI JUN 1 8 2811



COVER LETTER

Division of Co	rporations				
SUBJECT:	Surgical Solut	ions of America, LLC			
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Cristy Coulahan			
		Name of Person			
	Surgical Solutions of America, LLC				
		Firm/Company			
	37 Arapaho Drive				
		Address			
	Pensacola, FL 32507				
	City/State and Zip Code				
	E-mail address: (sty.coulahan@cox.net to be used for future annual report notif	ication)		
For further information of	concerning this matter, please of	all:			
Cri	sty Coulahan	at (850)	497-1250		
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for t	he 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 enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

Surgical Solutions of America, LLC



11 JUN 10 PM 12: 18

(Name of the Limite	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	06/08/2011	and assigned
Florida document numberL1100006	67026		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	·
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviatio
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	Cristy Coulahan		
New Registered Office Address:	37 Arapaho Drive		
	Enter Florida street address		
	Pensacola	, Florida	32507
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cristy Coulahan	37 Arapaho Drive Pensacola, FL 32507	Add Remove
MGR	Kimberly Fannin	4276 Walden Way Gulf Breeze, FL 32563	Add Remove
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OIVISION OF CORPERATIONS
Dated	June 9 , 201	22 O. u	ऊ
	Signature of a member of	r authorized representative of a member	
_	Christo	pher B. Coulahan	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00