L11000089071

(Req	uestor's Name)	
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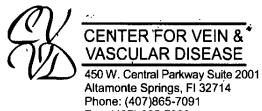
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Kishore Ranadive M.D. F.A.C.C., F.S.C.A.I. Babak Alex Vakili M.D., F.A.C.C., F.S.C.A.I.

Fax: (407) 865-7090

Florida Department of State Division of Corrections P.O Box 6198 Tallahassee, FL 32314

Enclosed is the registration for our company's name change. If any further questions please contact Mary Henry (407) 767-8554 ext.: 7018.

Sincerely, Princess Hernandez

COVER LETTER

	gistration Se vision of Cor				
CUDIECT.		R FOR VASCULAR AN	D VEIN DISEASE LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		BABAK VAKILI			
			Name of Person		_
CENTER FOR VASCULAR AND VEIN DISEASE LLC		ASE LLC			
Firm/Company					
450 W CENTRAL PARKWAY SUITE 2000			: :	-1	
Address				() () () () () () () () () () () () () (
ALTAMONTE SPRINGS FL 32714			- 2m		
			City/State and Zip Code		20
		BVAKILI@ME.COM E-mail address: (to be used for future annual report no	tification)	
For further i	nformation c	oncerning this matter, please c	•	,	
BABAK \	/AKILI		407 928-712	3	
Name of Person			ne Telephone Number		
Enclosed is	a check for th	ne following amount:			
		□ \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company we Florida document number L11000089071	ere filed on AUGUST 1, 2011	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
CENTER FOR VEIN AND VASCULAR DISEASE LLC	4	N-3
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	3 1
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
_	<u> </u>	
		
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	e name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			□ Remove
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			Remove

. If amending any other information	, enter change(s) here	: (Attach additional sheet	s, if necessary.)	
Effective date, if other than the date	o of filing:		(antional)	
Effective date, if other than the date (The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or fil Department of State)	ed date and cannot be more than	90 days after	
Dated NOVEMBER 7	2014			
•	ature of a member or autho	rized representative of a membe	r ·	
BABAK VAKILI	Typed or printed	d name of signec	- 	<u>=====================================</u>
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Filing Fee: \$25.00