

May 22, 2012

5:08PM

The Health Law Firm

No. 1 Page 1

U2000031486

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM
Account Number : I20000000056
Phone : (407) 331-6620
Fax Number : (407) 331-3030

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAKE WOMEN FOR WOMEN OB/GYN, LLC**

Certificate of Status	0
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May. 22. 2012 5:08PM The Health Law Firm

No. 3640 P. 2

COVER LETTER

((H12000137108 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Lake Women for Women OB/GYN, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George F. Indest III

Name of Person

The Health Law Firm

Firm/Company

1101 Douglas Avenue

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

N/A

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George F. Indest III

Name of Person

at (407)

331-6620

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:
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

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12 MAY 23 AM 8:46

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lake Women for Women OB/GYN, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 5, 2012 and assigned Florida document number L12000031486.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

2 North Eustis Street

Eustis, Florida 32726

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 780

Tavares, Florida 32778

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Mamie Rogers, M.D.

New Registered Office Address:

2 North Eustis Street

Enter Florida street address

Eustis

Florida

32726

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.

W. Rogers
If Changing Registered Agent, Signature of New Registered Agent

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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:

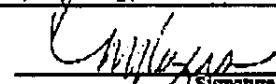
MCR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
<u>MGRM</u>	<u>Mamie Rogers, M.D.</u>	<u>2 North Eustis Street</u> <u>Eustis, Florida 32726</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Marilyn Mayne, D.O.</u>	<u>2 North Eustis Street</u> <u>Eustis, Florida 32726</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 22, 2012.



Signature of a member or authorized representative of a member

Mamie Rogers

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

12 MAY 23 AM 8:45
SHERIFF OF STATE
TALLAHASSEE, FLORIDA

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