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J. SAULSBERRY EXAMINER

SEP 14 2012

COVER LETTER .

Division of Con	rporations	•			
SUBJECT:	Sainnov	al Surgical LLC			
beddie 1.		ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	ondence concerning this matter	r to the following:			
		Gregory Sainnoval			
	 	Name of Person	,	_	
·					
		Sainnoval Surgical		_	
		Firm/Company			
		245 NE 19th Drive			
		Address		_	
		Address			
	C	keechobee, Fl 34972		72 28 1 28 1 28 1 28 1 28 1 28 1 28 1 28	
		City/State and Zip Code		Z SI CRI	-
	Greg	@sainnovalsurgical.co	m	2012 SEP 1	
	E-mail address: (to be used for future annual report	notification)	<u> </u>	
For further information of	concerning this matter, please of	call:		AH .9: OF STA	
Greg	gory Sainnoval	at (_863_)	623-4486	》 32 10 10 10 10 10 10 10 10 10 10 10 10 10	•
Name	of Person	Area Code & D	aytime Telephone Numb	er P	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60,00 F		
	Certificate of Status	Certified Copy (additional copy is end		ate of Status & Ad Copy	
		(additional copy is end		nal copy is enclo	osed)
				= ='	•

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

Sai	nnoval Surgical LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on	April 10th 2012	_ and assigned
Florida document number L1200004849	9		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company ho	ere:	٠. 18,
The new name must be distinguishable and end with th	e words "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation
"L.L.C."		Zon	26
Enter new principal offices address, if applicable	e:		2012
(Principal office address MUST BE A STREET A	DDRESS)		řije m
		YRY SSE	$\overline{\omega}$
		THE THE	B in -
Enter new mailing address, if applicable:		6.2 6.2	Ş. C
(Mailing address MAY BE A POST OFFICE BO.	X)	ह ान	₩ N
Muning address MAT BEAT OST OF FIELDO.	<u> </u>		
B. If amending the registered agent and/or	registered office address on	our records, enter the	name of the nev
registered agent and/or the new registered office		, <u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
ivew registered Office Additions.	Enter Florida street address		
		. Florida	
-	City	, rivita	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 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
	_		Add Remove
D. If an		discretion distribute the profits and/or	_
	capital of the LLC business pro rata o	r non-pro rata as they deem advisable.	201
	If the Members/Managers make non-	pro rata distributions, those distributions	FI 2012 SEP
	shall be taken into account in recalcul		E e i
	Capital Account (and/or Drawing Acco	ount) at the end of the LLCs fiscal year. $\overset{\circ}{\Box}$	
Dated _	September 8th 20	12 FLORIDA	ED 68 9: 32
	Signatur of a member	or authorized representative of a member	
		egory Sainnoval or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

Additional pages for amendment to Articles of Organization of Sainnoval Surgical, LLC

Article VII

Management Statement

This limited liability company will be managed by its Members

Article VIII

The duration of the company shall be 99 years

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JALLAHASSEF OF STATE