13000040943

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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то:	Registration Se Division of Cor			
OT ID	Veinity, LL	С		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
110000	i com un concepto	Carlos A. Suarez	to the following.	
			Name of Person	,
			Firm/Company	
		6705 Red Road, Suite 5	00	
			Address	
		Coral Gables, FL 33143	3	
	1		City/State and Zip Code	
		miamisurgeon@aol.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Marci	a Van Vliet		305 662.1630	
	Name o	f Person		Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

PILED
2018 JAN 22 PM 5: 35
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SSFE OF STAN

Veinity, LLC

(A Florida Limited	Liability Company)	ASSEE FLORIS
The Articles of Organization for this Limited Liability Company Florida document number L13000040943	were filed on March 15, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Select Surgical Services, LLC	,	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6705 Red Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 500	
	Coral Gables, FL 33143	
Enter new mailing address, if applicable:	6705 Red Road	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500	
	Coral Gables, FL 33143	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the no
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2016 JAN 22 PM 5: 35 Type of Action AMBR = Authorized Member **Title** Name **Address** 🗖 Add ☐ Remove _____ Change _D Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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	ve date, if other than the date of filing: (optional)
	extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated	January 19 2016
	/
	- $ -$
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00