## L13000061244

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration S Division of Co			,
ABC SUR	GERY LLC		
50bjEC1.	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	RAFAEL ANTUN		
	<del></del>	Name of Person	Code  Innual report notification)  668-2853  Daytime Telephone Number  Fee & □ \$60.00 Filing Fee, Certificate of Status &
	ABC SURGERY LLC		
		Firm/Company	
	7600 SW 57TH AV SUITI	E 129	
		Address	·
	MIAMI,FL 33143		
	RAFAELANTUN.MD@GI	City/State and Zip Code MAIL.COM	
		to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
RAFAEL ANTUN		305 668-2853	
Name	of Person		e 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)	Certificate of Status & Certified Copy

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 OF

ABC SURGERY LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Florida document number L13000061244	Company were filed on 04/26/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		75 TS
(Principal office address MUST BE A STREET ADDI	RESS)	55 5 7
		SEE P M
Enter new mailing address, if applicable:	<del> </del>	70 50
(Mailing address MAY BE A POST OFFICE BOX)		0R
		DA
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida street addi	ress
		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:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REYNALDO ALEMANY	9355 SW 93 PLACE	Add
		MIAMI,FL 33176	<b>■</b> Remove
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			Remove
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Effective date, if other than the factive date is listed, the date	the date of fili	ng:		no or more than	(optio	nal)	miani ta	605 020
Note: If the date inserted in this document's effective date on the	s block does not	meet the app	licable statuto	ry filing requir	ements, this	date will	not be	listed as
ne record specifies a delay The 90th day after the r			not an effec	tive time, a	t 12:01 a	.m. on t	the ea	ırlier o
Dated		2015	-1	v. 1				
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Typed or printed name of signee

Filing Fee: \$25.00