

L13000165940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

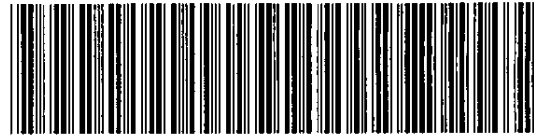
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 16 2015



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 179057 4368890

AUTHORIZATION :

COST LIMIT : \$25.00

[Handwritten signature]

ORDER DATE : June 16, 2014

ORDER TIME : 8:32 AM

ORDER NO. : 179057-005

CUSTOMER NO: 4368890

DOMESTIC AMENDMENT FILING

NAME: DOCS SURGICAL FACILITY
DEVELOPMENT GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Docs Surgical Facility Development Group, 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 11/26/2013 and assigned Florida document number L13000165940.

This amendment is submitted to amend the following:

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

Physician Am Surg Management Group, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

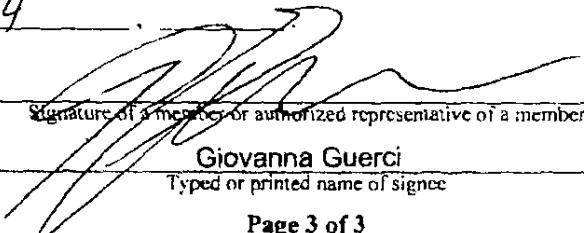
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shaik Ali, MD	c/o Friedlander Associates	<input checked="" type="checkbox"/> Add
		1979 Marcus Avenue, S - 210	<input type="checkbox"/> Remove
		Lake Success, NY 11042	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 6-6-14



Signature of a member or authorized representative of a member

Giovanna Guerci

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 JUN 17 PM 1:35
CLERK OF COURT