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## COVER LETTER

TO: Registration Section
Division of Corporations

TMS SURGICAL PLLC

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:

**TIFFANY MORELLO** 

Name of Person

TMS SURGICAL PLLC

Firm/Company

**4245 BANYAN TRAILS DRIVE** 

Address

COCONUT CREEK, FL 33073`

City/State and Zip Code

tsharfin@gmail.com

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

For further information concerning this matter, please call:

TIFFANY MORELLO

754 264-2407

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## TMS SRUGICAL PLLC (Name of the Limited Liability Commany as it pow annears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/3/2014 and assigned Florida document number L14000018109 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 "LLC." Euter 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: د... حزر Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Type of Action Name <u>Address</u> **4955 NW 81 AVENUE AMBR** GLENN I SHARFIN, M.D. bbA 🖹 **CORAL SPRINGS, FL** ☐ Remove 33067 □ Add ☐ Remove DAdd ☐ Remove .... 🗆 Remove ☐ Remove ☐ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00

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