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COVER LETTER

	SURGEON, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Stratton Smith, Esq.			
		Name of Person		
	Stratton Law Firm			
	•	Firm/Company		
	609 W. Azeele Street		, إس	o #
		Address		FCF -
	Tampa, Florida 33606	,	## ## ## ## ## ## ## ## ## ## ## ## ##	通信に
	stratton@strattonlaw.com	City/State and Zip Code	,,, (**	RELED RELED
	E-mail address: (to be used for future annual report no	etification)	्रिट्र ५
For further information co	oncerning this matter, please ca	all:		10A
Stratton Smith		813 251-1624 at ()		
Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	e 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 Certificate of Certified Co (additional cop	of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ROCKET SURGEON, LLC			
(Name of the Limi	ted Liability Comp: (A Florida Limited	a <mark>ny as it now appears on o</mark> Liability Company)	ır records.)
The Articles of Organization for this Limited L Florida document number L14000062397	iability Company	were filed on 4-16-20	14 and assigned
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 contain 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)			
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 contain the werds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. 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: 609 W. Azeele Street			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)	 .	·
			51.A =
			") <i>}</i> -
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	609 W. Azeele		
		Enter Florida str	
	Tampa		, Florida 33606
		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>	<u>Address</u>	Type of Action
MGR	Stratosphere Holdings, LLC	611 W. Azeele Street	Add
		Tampa, Florida 33606	■ Remove
			Change
MGR	Robert B. Harwood	4914 Lyford Cay Road	Add
		Tampa, Florida 33629	Remove
			Add
			SECRETOR TO Change
			COLUMN STATE OF THE COLUMN
			Change
			□ Add
		☐ Remove	
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			☐ Remove
			☐ Change

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fective date, if other office of the date is listented to be a second of the date in the d	ed, the date must be sp rted in this block do	ecific and cannot bes not meet the	t be prior to date o e applicable sta	of filing or more the	(option 90 days after fairements, this	iling.) Pursuant t	o 605.02 e listed
record specifie The 90th day af			but not an e	ffective time,	at 12:01 a	.m. on the e	arlier
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Filing Fee: \$25.00