L1500037333

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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(Ci	ty/State/Zip/Phone	= #)
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SECRETARY OF STATE

JAN 22 2016

COVER LETTER

TO: Registration Division of C					
United N SUBJECT:	MSO of America, LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.			
Please return all corres	spondence concerning this matter to	o the following:			
	Michael R. Presley, Esq.				
		Name of Person			
	Presley Law & Associates,	P.A.			
		Firm/Company			
	1045 South State Road 7				
		Address			
	Wellington, Florida 33414				
		City/State and Zip Code			
	mpresley@plaa-pa.com			≯ ∪ ≥	
	E-mail address: (to	o be used for future annual report notific	ation)		بالدع
For further informatio	n concerning this matter, please cal	11:		2016 JAN 21 SECRETARY ALLAHASSE	
Michael Presley		561 623-8300 at ()		21 SSEE	
	e of Person or the following amount:		Telephone Number	A 9 58	Ë
	-	Marrae But B	= 440.00 FH	·	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

UNITED MSO OF AMERICA, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file florida document number L15000037333	ed on <u>02/27/2015</u> and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability com	npany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	my, the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	20 S
	I AN 2
nter new mailing address, if applicable:	N 21 ASSEE
Mailing address MAY BE A POST OFFICE BOX)	THE PERSON NAMED IN COLUMN 1
The state of the s	
	
3. If amending the registered agent and/or registered office added egistered agent and/or the new registered office address here:	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	FL!3.

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	Alliance Healthcare Corporation	14918 N. Florida Avenue,	■ Add
		Tampa, Florida 33613	□ Remove
			Change
AMBR	Force Consultants, LLC	55 Clinton Place - Unit 605	■ Add
		Hackensack, New Jersey 07601	_ Remove
			Change
			Add
			Remove ASS SHOWN
			SSEE A A Remove
			Change
			☐ Add
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n effective date is listed, the date mus te: If the date inserted in this blo cument's effective date on the De	t be specific and cannot be pock does not meet the ap	plicable statutory f	or more than 90 days a	after filing.) Pursuan	
record specifies a delayed he 90th day after the reco		not an effectiv	e time, at 12:0	1 a.m.	on the	earlier
ed	, 2016	·				
	(1)_					
	11	authorized representa				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00