L15000133246

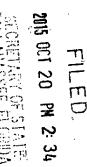
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COVER LETTER

Division of Corp	orations	,	
PABLO SUBSUBJECT:	RGICAL SOLUTIONS LLC		
30bJEC1:	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Robert Lopresti		
		Name of Person	
	Pablo Surgical Solutions, L	LC	
		Firm/Company	
	830-13 A!A North #392		
		Address	
	Ponte Vedra Beach, FL 320	082	
		City/State and Zip Code	
	dsspine2@gmail.com		
	E-mail address: (to	be used for future annual report notific	eation)
For further information con	ncerning this matter, please cal	II:	
Robert Lopresti		at () 219-2122 Area Code Daytime	
Name of I	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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

FILED 2015 OCT 20 PM 2: 34 SECRETARY OF STATES TALLAHASSEE, FLORIDA

12 × 11 ...

radio Surgical Solutions, LLC		
(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	<u>ars on our records.</u>)
The Articles of Organization for this Limited Li Florida document number L15000133246		and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company	<u>iere</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:	Robert J. Lopresti	
New Registered Office Address:	830-13 A1A North #392	
- · · · · · · · · · · · · · · · · · · ·	Enter Fl	orida street address
	Ponte Vedra Beach	, Florida
	City	7in 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 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	Gregory E Smith	309 North Sea Lake Lane	□ Add
		Ponte Vedra Beach, FL 32082	■ Remove
			□ Change
			□ Add
			□ Remove
			Change
		, <u>, , , , , , , , , , , , , , , , , , </u>	Remove
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Effective date, if other than the date of filing:	Pursuant to 605	ည 5.0207 (ed as t	(3)(b he
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or The 90th day after the record is filed.	n the earli	er of:	
Dated OCT 15 , 20/5			
Dated OCT - 15 , 20/5 . X Robert Lossia. Signature of a monther or authorized representative of a member			
Robert J. Lopresti			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00