L16000167837

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	ation Secti n of Corpo			
	-	UI GERY HUB LLC		
SUBJECT:			ited Liability Company	
The enclosed Art	ticles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		NATALIA MEDEIROS		
			Name of Person	
		CSG - CAPITAL SERVIC	CES GROUP, INC	
			Firm/Company	
		446 W HILLSBORO BLV	'D	
			Address	
		DEERFIELD BEACH, FL	. 33441	
		•	City/State and Zip Code	
		NATALIA@THEWAYGR		
		E-mail address: (to be used for future annual report notific	 l
For further inform	mation con	cerning this matter, please ca	all:	The state of the s
NATALIA MEI	DEIROS		954 427-4770 at ()	2 4
· · · · · · · · · · · · · · · · · · ·	Name of P	erson	Area Code Daytime T	Telephone Number
Enclosed is a che	ck for the	following amount:		
□ \$25.00 Filing	g Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

MEDICAL SURGERY HUB LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L16000167837 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MSH - MEDICAL SURGERY HUB LLC 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) 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

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
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			Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of files: If the date inserted in this block does not meet the applicable statuto	ling or more than 90 days after filing.) Pursuant to 605.
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective date.	ctive time, at 12:01 a.m. on the earlie
ed SEPTEMBER 13	
TYA	

Page 3 of 3

Typed or printed name of signee