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COVER LETTER

то:	Registration Sec Division of Corp						
വസർ		nterventional Associates, LLC					
SUBJECT:Name of Limited Liability Company							
The en	iclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspor	ndence concerning this matter	to the following:				
		David J. Davidson					
			Name of Person				
		The Florida Healthcare La	w Firm				
			Firm/Company				
		909 SE 5th Avenue, Suite	200				
			Address				
		Delray Beach, FL 33483					
			City/State and Zip Code				
		dave@floridahealthcarelaw					
		E-mail address: ()	to be used for future annual report notifi	ecation)			
For fu	rther information co	oncerning this matter, please ca	all;				
David	I J. Davidson		at () 455-7700 Area Code Daytime				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	e following amount:					
■ \$2	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

Advanced Interventional Associates, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000137470</u>	were filed on June 23, 2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10514 NW 11th Court			
(Principal office address MUST BE A STREET ADDRESS)	Plantation, FL 33322	3.0		
		7 00 7 11 7 1		
Enter new mailing address, if applicable:	10514 NW 11th Court	3		
(Mailing address MAY BE A POST OFFICE BOX)	Plantation, FL 33322			
		55 7		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> e:	nter the name of the new		
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City . Florid	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

Title	<u>Name</u>	<u>Address</u>	Type of Action		
MGR	Ryan Peta	10514 NW 11th Court	■ Add		
		Plantation, FL 33322	Remove		
			□ Change		
MGR	David J. Davidson	909 SE 5th Avenue			
		Suite 200	■ Remove		
		Delray Beach, FL 33483	☐ Change		
			□ Remove		
			Change		
			Remove		
		ALCO MANNEY	Change		
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recor	d specifies	a delayed eff	ective date	e, but no	an effecti	ve time, at	12:01 a.m	. on the earli	ier d
The 9	Oth day afte	er the record	is filed.						
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Filing Fee: \$25.00

Typed or printed name of signee