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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

	Registration Se Division of Cor		ह . प्	er P
SUBJEC		OOD REGIONAL SURGERY	CENTER LLC	
SUBJEC	· • · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		KEN WHALEN		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		PRACTICE RESULTS, L.	LC	
		·	Firm/Company	
		398 CAMINO GARDENS	BLVD, SUITE 102	
		·	Address	<del></del>
		BOCA RATON, FL 33432	2	
			City/State and Zip Code	<del></del>
		kwhalen@fcpm.net		
		E-mail address; (	to be used for future annual report not	ification)
For further	er information co	oncerning this matter, please ca	all:	
KEN WI	HALEN		562 392-3314 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
. \$25.0	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

HOLLYWOOD REGIONAL SURGERY CENTER	<del>_</del>	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compared Provided Head of the Compared Provided Head of the Compared Head of th	ny were filed on 4/12/2018	and assigned
his amendment is submitted to amend the following:		
_	.b.994	
. If amending name, <u>enter the new name of the limited lia</u>	ionity company nere:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		= 0
		SEC
		CRE TA ON OF
nter new mailing address, if applicable:	<b>*</b>	F CR
Mailing address MAY BE A POST OFFICE BOX)		PRA
If amonding the projectional agent and/an applicational	-6C 13	SK JOH
If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our records, <u>e</u> ere:	nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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>	Address	Type of Action
AMBR	miVIP Healthcare Holding, LLC	398 Camino Gardens Boulevard	■ Add
		#102	□ Remove
		Boca Raton, Florida 33432.	☐ Change
MGR	Isaac Verbukh, M.D.	398 Camino Gardens Boulevard	■ Add
		#102	□ Remove
		Boca Raton, Florida 33432.	Change
AMBR	Isaac Verbukh, M.D.	398 Camino Gardens Boulevard	
		#102	■ Remove
		Boca Raton, Florida 33432.	Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

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ective date, if other than the effective date is listed, the date in terms of the date in this	nust be specific	and cannot be pro	ior to date of filir	ng or more than 9	0 days after filing	.) Pursuant to 60	)5.02 sted
cument's effective date on the	Department of	of State's recor	ds.	y ming require	monts, this date	will not be in	
record specifies a delay The 90th day after the re	ed effective ecord is file	e date, but ed.	not an effec	tive time, at	: 12:01 a.m.	on the earl	ıer
ted MAY 7		2018	······································				
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