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(Ře	equestor's Name)	
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COVER LETTER

TO: Registration Division of C				
	hotripsy, LLC			
SUBJECT:	Name of Lim			
	of Amendment and fee(s) are sub	-		
r tease return an corres	David J. Davidson	to the following.		
	The Florida Healthcare La	Name of Person w Firm		
	Firm/Company 909 SE 5th Avenue, Suite 200			
	Delray Beach, FL 33483	Address		
	dave@floridahealthcarelaw			
For further information	n concerning this matter, please ca	to be used for future annual report notifi all:	ication)	
David J. Davidson		561 455-7700 at ()		
Nam	e of 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 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**

Excel Lithotripsy, LLC

2019 MAR 14 PM 3: 24 (Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Ecbruary 4, 2019 Florida document number _____L19000035379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 21110 Biscayne Blvd. Enter new principal offices address, if applicable: Suite 403 (Principal office address MUST BE A STREET ADDRESS) Aventura, FL 33180 21110 Biscayne Blvd. Enter new mailing address, if applicable: Suite 403 (Mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_, Florida ___

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	Giridhar Talluri	21110 Biscayne Blvd., Suite 403	
		A	
		Aventura, FL 33180	□ Remove
			Remove
			Change
AMBR	Mark Christ	21110 Biscayne Blvd., Suite 403	
			Add
		Aventura, FL 33180	
			U Remove
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			Change
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			☐ Change
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			Remove
			Change

Effect	tive date, if other than the date of filing:
ran ei Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
ie re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
	" -
Dated	Much (3. 2019)
	Valuate Valuate
	Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00