

L19000066047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

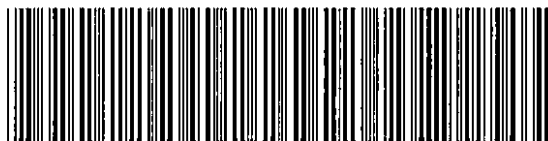
(Business Entity Name)

(Document Number)

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T GLASS

SEP 27 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 927636 8136542

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : September 19, 2019

ORDER TIME : 11:39 AM

ORDER NO. : 927636-001

CUSTOMER NO: 8136542

DOMESTIC AMENDMENT FILING

NAME: SB MEDICAL GROUP LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: \_\_\_\_\_

2019 SEP 26 PM 12:46

*[Faint stamp]*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SB MEDICAL GROUP LLC

(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 03-07-2019 and assigned  
Florida document number L19000066047.

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."

**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 \_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HEALTH TRUST LLC	1792 BELL TOWER LANE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	INVERLAB LLC	2665 BAYSHORE DRIVE, SUITE 703	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KOMAO INVESTMENTS LLC	1353 VICTORIA ISLE DRIVE	<input type="checkbox"/> Add
		WESTON, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOBI, NORBET	991 WATERSIDE CIRCLE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ETESSAM, TANYA	15385 SW 35TH ST.	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THOMAS RICHARDSON	1792 Bell Tower Ln	<input type="checkbox"/> Add
		Weston Florida 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 SEP 26 PM 12:15  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 DIVISION OF TAX SERVICES

2019 SEP 26 PM 12:46

2019 SEP 26 PM 4:27:46

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/20/2019

Thomas R. Anderson

Typed or printed name of signee