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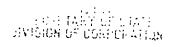
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COVER LETTER

то:	Registration S Division of Co			-
CUDIC	CYTY	cal Surgery of Palm Beach , LL		
SUBJEC	νI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Lauren Schwartz, MD		
			Name of Person	
		Neurological Surgery of Pa	alm Beach, LLC	•.
			Firm/Company	
		13005 Southern Blvd, Ste	#141	
			Address	
		Loxahatchee, Florida, 334	70	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		•	calSurgeryofPalmBeach.com	
		E-mail address: (to be used for future annual report not	tification)
For furth	ner information	concerning this matter, please co	all:	
Dr. Lau	ren Schwartz		561 543-1414 at()	
	Name	of Person	Area Code Daytir	me Telephone Number
Enclosed	d 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 Addre		Street Address: Registration So	ection
	Division of (Corporations	Division of Co	rporations
	P.O. Box 63		The Centre of	
	Tallahassee,	ΓL 3231 4	2413 IN. MIONIC	oe Street, Suite 810

Tallahassee, FL 32303

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



21 HAR 29 PH 2: 41

Zip Code

Neurological Surgery of Palm Beau	ch, LLC		
(Name of the Limi	ted Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited L Florida document number L19000206010	iability Company were	filed on 09/30/202 ©	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u></u>
Enter new mailing address, if applicable:		···	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		ss on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	Matthew Mazur, Esq.		
New Registered Office Address:	2645 Executive Park	Drive, Suite 110	
		Enter Florida street address	
	Weston	#7# ·	a. 33331

New Registered Agent's Signature, if changing Registered Agent:

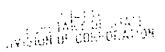
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

City

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	
AMRR =	Authorized	Member



<u>Title</u>	<u>Name</u>	Address 21 MAR 29 PA 2: 41	Type of Action
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Filing Fee: \$25.00