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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I20040000083 Phone : (954)474-8000 Fax Number : (954)474-9850

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH FLORIDA JOINT REPLACEMENT SURGEONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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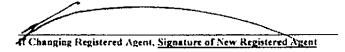
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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SOUTH FI	ORIDA JOINT REPLACE	MENT SUR	GEONS, LLC	
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	non appears ( Company)	n our records.)	<del></del>
The Articles of Organization for this Limited I	iability Company were fi	iled on	12/03/2020	and assigned
Florida document number				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability co	mpany hero	;	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the desi	gnation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	**************************************			
			•50	
Enter new mailing address, if applicable:			<i>P P P P P P P P P P</i>	202
Mailing address MAY BE A POST OFFICE	BOX)		,	Z.
			:	- <del>- 1</del>
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B. If amending the registered agent and/or	registered office address	on our rec	ords, enter the nan	, .
agent and/or the new registered office addr	ess here:		5	<u>.</u> <u></u>
				: <b>30</b>
Name of New Registered Agent:	Frank Weinberg & Bla	ck, P.I		
New Registered Office Address:	7805 SW 6th Court	ATTN: St	even Weinberg	
		Enter Florida	r street address	
	Plantation		, Florida <sup>33</sup>	324
	Cit			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.



Steven A. Weinberg

# 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 H24000391375 3 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JBC ASC, LLC	1601 Clint More Road #125	□Add
		BOCA RATON, FL 33487	■ Remove
			□ Change
AMBR	BERKOWITZ ASC, LLC	7020 VENTURA COURT	
		PARKLAND, FL 33067	<b>E</b> Remove
			□ Change
AMBR	SEN SURGICAL, LLC	4744 SOUTH OCEAN BLVD TH 6	(DAdd
		HIGHLAND BEACH, FL 33487	■ Remove
			□Change
AMBR	BJ ORTHO, LLC	4231 NE 25TH AVE	□Add
		LIGHTHOUSE POINT, FL 33064	BRemove
AMBR	WVB SURGICAL, LLC	2848 26TH ST.	<b>\(\frac{1}{2}\)</b> Add
		FORT LAUDERDALE, FL 33305	≅ Remove
			□ Change
MGR	Richard Berkowitz	7020 VENTURA COURT	<b>B</b> Add
		PARKLAND, FL 33067	□Remove
	H24000391375 3		□Change

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lote:	we date, if other than the date of filing:
recon	i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	11/25/2024
ated	Decubigated by:
	Richard Berkowitz
	v i '
	Signification of authorized representative of a member

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