AZ CORPORATION COMMISSION FILED

JAN 3 0 2017



FILE NO. 19718422

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT

				AK			ictions <u>L015i</u>	•					
1.	L. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:							cords:					
	Nor	Northern Arizona Healthcare Orthopedic Surgery Center LLC											
2.	A.C.	A.C.C. FILE NUMBER: L19718422 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations											
	ECK	THE BOX	NEXT 1	O EACH CH	ANGE BEI	NG N	ADE AND						
3.		MPLETE THE REQUESTED INFORMATION FOR THAT CHANGE. ENTITY NAME CHANGE – type or print the exact NEW name of the LLC in the space below:											
4.	MEMBERS CHANGE (CHANGE IN MEMBERS) – see Instructions L015i – Use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.												
Name currently shown in ACC records				Name currently shown in ACC records									
NEW Name					NEW	NEW Name							
Address 1					Address 1								
Addr	ess 2 (o	ptional)				Addre	ss 2 (optional)						
City		romalin o estiden von de monacht eve divitione, line op uit en appliete open	ngang dan sanjan ngang dan ggal (16.5 p.) manang dan	State or Province	Zip	City	gartini a austini usovi kaa siirrian jithii aastiiniisa ii iliisu kii iliisa	ONE STORY OF THE S	State or Province	Zip			
Country Address change Add as 20% or more member Name change Add as less than 20% member Remove member					Country Add as 20% or more member Name change Add as less than 20% member Remove member								
										:			
Nam	e currer	ntly shown in ACC	records			Name	currently shown in ACC	records					
NEW Name				NEW Name									
Address 1				Address 1									
Addı	ress 2 (o	optional)				Addre	ess 2 (optional)						
City				State or Province	Zip	City			State or Province	Zip			
	Addr	Address change					Country Address change Add as 20% or more member						
	Name change Add as less than 20% member Remove member						Name change Add as less than 20% member Remove member						

5.	IN A.C.C. RECORDS - list that manager (new name FOR NEW MANAGERS - i	the name and/or ad n a separa	of each manager being ldress), then check all t ate block, list the nam	 Use one block per person - FOR MA changed, and below that provide any ne boxes that apply to indicate the change be in the NEW Name blank and give the ad attach the Amendment Attachment for Ma 	ew informati eing made f ddress, and	on for for that manager. check the	
Christon	her J Bavasi			Mark F Carroll MD			
	ently shown in ACC records			Name currently shown in ACC records			
				,			
NEW Name				NEW Name			
1200 N I	Beaver Street			1200 N Beaver Street			
Address 1				Address 1			
Address 2 (,	۸ ~	96001	Address 2 (optional)	۸ ــ	96001	
Flagstaff Az 86001				1 MgStarr	Az	86001	
City	UNITED STATES	State o		UNITED STATES	State or Province	Zip	
Country	The state of the s			Country			
☐ Add	ress change	as manag	aer.	Address change Add a	is manage	_	
					_	1	
Nam	ne change 🕢 Rem	ove mana	ager ————————	☐ Name change ☑ Remo	ve manag	er	
 MANAGEMENT STRUCTURE CHANGE - see Instructions L015i - check only one box below and follow instructions: CHANGING TO MANAGER-MANAGED LLC - complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment. CHANGING TO MEMBER-MANAGED LLC - complete and attach the Member Structure Attachment form L041. The filing will be rejected if it is submitted without the attachment. 							
7. STATUTORY AGENT CHANGE - NEW AGENT APPOINTED - see Instructions L015i:							
7.1	REQUIRED – give the or an entity) and phy (not a P.O. Box) in Alagent:	ysical or	street address	7.2 OPTIONAL – mailing a NEW Statutory Agent	address in		
	or an entity) and <i>ph</i> (not a P.O. Box) in A	ysical or	street address		address in		
	or an entity) and phy (not a P.O. Box) in An agent:	ysical or	street address		address in		
	or an entity) and ph (not a P.O. Box) in A agent:	ysical or	street address		address in		
Statutory Ag	or an entity) and ph (not a P.O. Box) in A agent:	ysical or	street address	NEW Statutory Agent	address in		
Statutory Ag Attention (op	or an entity) and ph (not a P.O. Box) in An agent: ent Name (required)	ysical or	street address	NEW Statutory Agent Attention (optional)	address in		
Statutory Ag Attention (op Address 1 Address 2 (o	or an entity) and ph (not a P.O. Box) in A agent: nent Name (required)	ysical or	street address	NEW Statutory Agent Attention (optional) Address 1	address in (can be a		
Statutory Ag Attention (or	or an entity) and ph (not a P.O. Box) in A agent: nent Name (required)	ysical or rizona of t	r street address the NEW statutory	NEW Statutory Agent Attention (optional) Address 1 Address 2 (optional)	address in (can be a	P.O. Box):	
Statutory Ag Attention (op Address 1 Address 2 (o	or an entity) and phy (not a P.O. Box) in Ar agent: ent Name (required) ptional) REQUIRED - the State	ysical or rizona of t	r street address the NEW statutory	Attention (optional) Address 1 Address 2 (optional) City	address in (can be a	P.O. Box):	
Statutory Ag Attention (op Address 1 Address 2 (o	or an entity) and phy (not a P.O. Box) in An agent: ent Name (required) ptional) REQUIRED - the State Amendment.	ysical or rizona of t rizona of t State utory Age	zip nt Acceptance form	Attention (optional) Address 1 Address 2 (optional) City	state State	Zip icles of	
Attention (op Address 1 Address 2 (o City 7.3	or an entity) and phy (not a P.O. Box) in An agent: ent Name (required) ptional) REQUIRED - the State Amendment.	state utory Age	zip nt Acceptance form S CHANGE - ADDR	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted along with	state State These Art GENT - CO	Zip icles of omplete 8.1	
Attention (or Address 1 Address 2 (or City 7.3	or an entity) and phy (not a P.O. Box) in Ar agent: ent Name (required) ptional) REQUIRED - the State Amendment. STATUTORY AGENT and/or 8.2: NEW physical or str (not a P. O. Box) in Ar statutory agent:	state utory Age	zip nt Acceptance form S CHANGE - ADDR	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted along with ESS OF CURRENT STATUTORY AC	state State These Art GENT - CO	Zip icles of omplete 8.1	
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Attention (or Address 1 Address 2 (or City 7.3 8.	or an entity) and phy (not a P.O. Box) in Ar agent: ent Name (required) ptional) REQUIRED - the State Amendment. STATUTORY AGENT and/or 8.2: NEW physical or str (not a P. O. Box) in Ar statutory agent:	state utory Age	zip nt Acceptance form S CHANGE - ADDR	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted along with EESS OF CURRENT STATUTORY AG 8.2 NEW mailing address statutory agent (can address statutory agent statutory agent (can address statutory agent st	state State These Art GENT - CO	Zip icles of omplete 8.1	

9.	Ш	ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:							
	9.1	Is the NEW Arizona known place of business address the same as the street address of the statutory agent?							
		Yes - go to number 10 and continue							
		No - go to number 9.2 and continue							
	9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:								
		Attention (optional)							
		Address 1							
		Address 1							
		Address 2 (optional)							
		City State or Zip Province							
		Country							
10.		DURATION CHANGE – check one to indicate the NEW duration or life period of the LLC:							
		Perpetual							
		The LLC's life period will end on this date : (enter a date - mm/dd/yy)							
		The LLC's life period will end upon the occurrence of this event :							
		(describe an event)							
		ENTITY TYPE CHANCE if should not satisfy the same should not said fallow instructions.							
11.	ш'	ENTITY TYPE CHANGE - if changing entity type, check one and follow instructions:							
		Changing to a PROFESSIONAL LLC - number 12 must also be completed.							
		Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).							
	_								
12.		PROFESSIONAL SERVICES CHANGE – describe the NEW type of professional services the professional LLC will							
		render:							
13.	\Box	OTHER AMENDMENT - if an amendment was made that was not addressed by the check boxes on this form, then							
	_	you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.							
SIG	NATU	by ancoming the box marked a decept belong a deciment penalty of penjary that this decament							
		together with any attachments is submitted in compliance with Arizona law.							
	M	I ACCEPT							
		Robert P. Thames 1/26/17							
Sign	nature	Printed Name Date (mm/dd/yy)							
REQ	UIRE	D – check only one and fill in the corresponding blank if signing for an entity:							
\boxtimes		is a manager-managed LLC and I am signing This is a member-managed LLC and I am signing							
		vidually as a manager or I am signing for an entity individually as a member or I am signing for an entity member named:							
		inclined.							
Ĺ	1								
10	ng Fe	# \$25,00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section							
		d processing – add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 are nonrefundable - see Instructions. Fax: 602-542-4100							
- 111	. = 55 0	TOTAL SOLUTION SOLUTI							

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.