Division of Corporations



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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

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

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T GLASS Help AUG 0 5 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Augustine Endoscopy Center, I	LC.			
(Name of the Limi	ted Linbility Comp (A Florida Limits)	any as it now appears on our t Liability Company)	ecords.)	
The Articles of Organization for this Limited I	iability Compan	y were filed on		and assigned
Florida document number L19000168544	····································			
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
		<u></u>		 5
Enter new mailing address, if applicable:		15305 Dallas Parkway		- TI
(Mailing address MAY BE A POST OFFICE BOX)		g address, if applicable: MAY BE A POST OFFICE BOX Suite 1600 Date Addison, Texas 75001 Date The registered agent and/or registered office address on our records, enter the name of the new		
		Addison, Texas 75001		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address be	office address on our re ere:	ecords, <u>enter th</u>	
Name of New Registered Agent:	CT Corporati	on		
New Registered Office Address:	1200 South P	ine Island Road		<u></u>
		EmerFloridastreet		
	Plantation		, Florida <u>33324</u>	
		Сілу		ZipCode

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.

Kimberly Laughrey Assistant Secretary

Control States

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>	Address	Type of Action
AMBR	Santiago A. Rosado	212 South Park Circle, East	Ada
		St. Augustine, Florida 32086	Remove
			Change
AMBR	USP Orlando, Inc.	15305 Dallas Parkway	
		Suite 1600	☐ Remove
		Addison, Texas 75001	☐ Change
			☐ Remove
			Change
			Remove
			Change
			☐ Remove
			Change

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,	20
Note	tive date, if other than the date of filing: (optional) (flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (fling.) Pursuant to 605 020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier c e 90th day after the record is filed.
Date	Signature of Signature of a member Break Break Vice President

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