

L 20000015651

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POINT MEADOWS SURGERY CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SEP 28 2020

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POINT MEADOWS SURGERY CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on January 8, 2020 and assigned Florida document number L20000015651

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 7855 Argyle Forest Blvd #101 Jacksonville, Florida 32244 (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: PHYSICIANS GROUP SERVICES, P.A. New Registered Office Address: 7855 Argyle Forest Blvd #101 Jacksonville, Florida 32244

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.

Signature of New Registered Agent

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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	FERDINAND FORMOSO	4472 GLEN KERNAN PKWY E	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KENNETH A. POWELL	7791 COLLINS GROVE RD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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