

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L20000015651

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(((H23000424981 3)))



H230004249813ABC0

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : MILAM HOWARD, ET.AL.
 Account Number : I20000000206
 Phone : (904)357-3660
 Fax Number : (904)357-3661

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

Email Address: RA@MHCorpServices.com

RECEIVED
 2023 DEC 13 PM 3:01
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**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

2023 DEC 13 PM 11:57

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000424981 3)))

POINT MEADOWS SURGERY CENTER, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/08/2020 and assigned Florida document number 1.20000015651

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8262 Point Meadows Drive Suite #101 Jacksonville, FL 32256

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: MH Corporate Services, Inc. New Registered Office Address: 14 East Bay Street Jacksonville, Florida 32202

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.

Handwritten signature of Robert G. Shla

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Bridget Roberts	2700 Riverside Avenue, Suite #3.	<input type="checkbox"/> Add
		Jacksonville, FL 32205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Andrew Christman	8262 Point Meadows Drive, Suite #101	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Greg Taboh	8262 Point Meadows Drive, Suite #101	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Christopher M. Glenn	8262 Point Meadows Drive, Suite #101	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Treasurer	Alan E. Miller	8262 Point Meadows Drive, Suite #101	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Michael Greene	8262 Point Meadows Drive, Suite #101	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING ADDRESS for Physicians Group Services, PA to 705 Wells Road, Suite #300,

Orange Park, FL 32073

Multiple horizontal lines for additional information or amendments.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 12, 2023

Signature of a member or authorized representative of a member

Robert G. Shaffer, II, Authorized Representative

Typed or printed name of signee