Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone

: (727)442-1200

Fax Number

: (727)443-5829

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

Email	Addr	ess	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURGICARE ASSOCIATES, L.L.C.

Certificate of Status	0
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Electronic Filing Menu

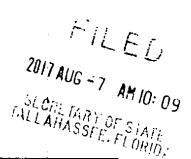
Corporate Filing Menu

Help

K. SALY

AUG - 8 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SURGICARE ASSOCIATES, L.L.C.

(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 $\frac{03/11/2002}{1}$ and assigned Florida document number _____L02000005717 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) 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: New Registered Office Address: Enter Florido street address

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.

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

11116	Name	Address	Type of Action
MGR	Webb, Scott	2250 Drew Street	
		Clearwater, Florida 33765	■ Remove
			Change
MGR	Botwin, Kenneth	2250 Drew Street	
		Clearwater, Florida 33765	Remove
			Change
			
			Remove Change
	-		
			Remove
			□ Change
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Mective date, if other thun the dat an effective date is listed, the date must be store: If the date inserted in this block is	specific and cannot be prior to date	of filing or more than 90 days a	ntional) Aer filing.) Pursuant to 605.0207 this date will not be listed as
ocument's effective date on the Depar			·
e record specifies a delayed eff The 90th day after the record		effective time, at 12:0.	1 a.m. on the earlier of
ated Aug. 7	2017		
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Filing Fee: \$25.00