

L02000014588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

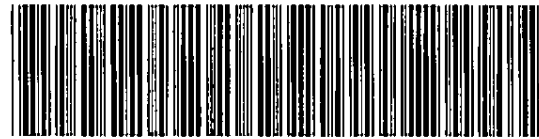
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
MAY 23 2018

RY:

May 17, 2018

LEGAL SERVICES DEPARTMENT
BAYCARE HEALTH SYSTEM
2985 DREW ST
CLEARWATER, FL 33759

PLEASE SEE REVISED
ATTACHED

SUBJECT: TRINITY SURGERY CENTER, LLC
Ref. Number: L02000016588

We have received your document for TRINITY SURGERY CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00010326

Include on
correspondence

RECEIVED

2018 JUN -6 AM 9:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

REF #: L02 000016588
LETTER #: 218A00010326

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY SURGERY CENTER, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEGAL SERVICES DEPARTMENT
Name of Person

BAYLARE HEALTH SYSTEM, INC.
Firm/Company

2985 DREW STREET
Address

CLEARWATER, FL 33759
City/State and Zip Code

legal-services@baycare.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN DAVIS

Name of Person

at (727)

Area Code

519-1896

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
* ALREADY SENT
- ☐ \$30.00 Filing Fee &
Certificate of Status
- ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)
- ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRINITY 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 7/01/2002 and assigned Florida document number LO 2000016588.

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:

BAYCARE HEALTH SYSTEM, INC.

New Registered Office Address:

ATTENTION: LEGAL SERVICES DEPT.

2985 DREW STREET

Enter Florida street address

CLEARWATER

City

Florida

33759

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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.

(b) The 90th day after the record is filed.

Dated

5/30/2016

Thorne & Riehl

Signature of a member or authorized representative of a member

Thomas W. Riddle

Typed or printed name of signee