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2015 JUN 10 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ML Outagam JUN 11 2015



THE SURGICAL CENTER OF THE TREASURE COAST, LLC

9075 South Federal Hwy.
Port St. Lucie, FL 34952
Telephone: (772) 398-9898

June 4, 2015

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please be advised as of March 1, 2015, Dr. Antonio Beltran is no longer an owner at The Surgical Center of the Treasure Coast, LLC. Attached is the Articles of Amendment to the Articles of Organization form to remove Dr. Antonio Beltran.

Please contact Jeanette Ball at 772-398-9898 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jeanette R. Ball".

Jeanette R. Ball

Administrator

9075 S. Federal Hwy

Port Saint Lucie, FL 34952

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Surgical Center of the Treasure Coast, 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:

Jeanette R. Ball

Name of Person

The Surgical Center of the Treasure Coast, LLC

Firm/Company

9075 South Federal Highway

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

sctcmanager@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette R. Ball

772

398-9898

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2015 JUN 10 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Surgical Center of the Treasure Coast, 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 10/23/2002 and assigned
Florida document number L02000028050.

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 Florida street address

_____, **Florida**

City

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>
MGRM	Antonio & Emily Beltran TENANT	9075 S.FEDERAL HWY	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECOND JURY TRIAL
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN 10 PM 1:48

FILED

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 June 4, 2015

Jeannette R. Ball
Signature of a member or a

Signature of a member or authorized representative of a member

Jeanette R. Ball

Typed or printed name of signee