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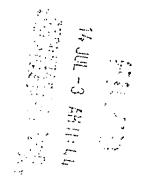
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COVER LETTER

TO: Registration Section **Division of Corporations** Palm Beach 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: Krishna Tripuraneni Name of Person Paim Beach Surgery Center, LLC Firm/Company 1157 South State Road 7 Address Wellington, FL 33414-6101 City/State and Zip Code ktgastro@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Krishna Tripuraneni Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach 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 _____ and assigned Florida document number <u>L</u>02000028573 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 end with 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Venkat Tripuraneni	1157 South State Road 7, Wellington, FL 33414	4 ■ Add
			□ Remove
Seceretary	Venkat Tripuraneni	1157 South State Road 7, Wellington, FL 33414	— , ■ Add
			□ Remove
			 □ Add
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e effective	late, if other than the date of filing:
e effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 00 days often
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he effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 00 days often
ne effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
he effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 00 days offer

Page 3 of 3

Filing Fee: \$25.00