

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

From:
Account Name : PETERSON & MYERS PA
Account Number : 120080000078
Phone : (863)294-3360
Fax Number : (863)299-5498

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

Email Address: awalls@petersonmyers.com

SECRETARY OF STATE
TALLAHASSEE, FL

2020 DEC 30 PM 1:40

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURGICAL DEVELOPERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 04 2021
C Kinsey

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2020 DEC 30 PM 1:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgical Developers, 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:

Amanda Walls

Name of Person

Peterson & Myers P.A.

Firm/Company

225 East Lemon Street #300

Address

Lakeland, FL 33801

City/State and Zip Code

awalls@petersonmyers.com

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

For further information concerning this matter, please call:

Melissa Cook

nt (863) 683-6511

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surgical Developers, 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 January 9, 2003

Florida document number L03000001070

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)

13904 N. Dale Mabry Highway, Suite 200

Tampa, FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13904 N. Dale Mabry Highway, Suite 200

Tampa, FL 33618

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:

Amanda L. Wells

New Registered Office Address:

225 East Lemon Street, Suite 300

Enter Florida street address

Lakeland

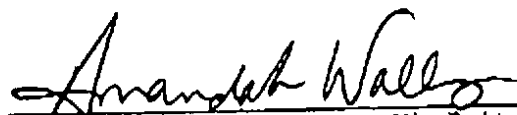
Florida 33801

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 603, 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

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TALLAHASSEE, FL

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>
AMBR	Thomas H. Newsom	3605 S. Bayshore Blvd	<input type="checkbox"/> Add
		Tampa FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steve Ayers	3605 S. Bayshore Blvd	<input type="checkbox"/> Add
		Tampa FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WYAM, LLC	1245 Court Street	<input checked="" type="checkbox"/> Add
		Clearwater FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

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 30, 2020

Aranda H. Waller
Signature of a member or authorized representative of a member

Amanda L. Walls, authorized representative of the sole member

Typed or printed name of signee

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Filing Fee: \$25.00