Kim Sharpe efax

......



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000280533 3)))



H150002805333ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		ΞĽ,		z 2
	Division of Corporations		∇	12
	Fax Number : (850)617-6383	01		- 8
		in -:	-	
From:		173.52	-	£
E LOIN.				- 1
	Account Name : INCORPORATING SERVICES FL		ب آست	- 5
	Account Number : 120050000052	(T)	10	- 1
	Phone : (850)656-7956	55	ഫ്	•
	Fax Number : (850)656-7953		CD	
		0,	6	
****	and address for this business ortify to be used f			
	email address for this business entity to be used for report mailings. Enter only one email address pleas		e	

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAY AREA PHYSICIAN'S SURGERY CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAY AREA PHYSICIAN'S SURGERY CEI	NTER, LLC		
(Name of the Limited Linbility (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on <u>February 16, 200</u>	04 and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:		
BAPSC, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDR	(ESS)		
		<u>, p</u>	
Enter new mailing address, if applicable:		IS NOV	4.5.7 Mar.
		222	THAT P
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	1 X4 1."
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, enter the name	of the new
Name of New Presistened Agents			
Name of New Registered Agent:	······		
New Registered Office Address:	Enter Florida street addr		
	Enter Frontide Street dutin		
	, F	lorida 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 $^{\circ}$ 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

Kim Sharpe efax

(3/4) 11/24/2015 04:29:16 PM -0500

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>	Name	Address	Type of Action
			🖸 Add
			Change
<u></u>			🗆 Add
			C Remove
			Change
			🗆 Add
		<u></u>	Remove
			_ Change
		·	Add
			_ Remove
			Add
<u> </u>			
			Remove
			్లు □.Change చ
		·	ل Add □
			_ Remove
		· · · · · · · · · · · · · · · · · · ·	_ Change

Kim Sharpe efax

50:

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

-		
-		
-		
-		
-		
-		
-		
-	ݒ╸╸╴╄╄┈╖╗╗╴┸╄┉╗╗╕┰╷╗╴┸┸┙╖┲╌╷┫╴╢╬╄╖╗╡╪╪╪╄╋╔┲╕╪╫┉┺╪ _╋ ╔┲╶╴╴╵┇ _┲ ┓┲╴┍╴╝╞┇┲╴╴╴╸╴╌┆╱╄╄╌┈╌╴╿╫╠╓╌┈┥╶╞┵╵╴┸╪╄╫╍┑╢╕╪╪╪╧╄╔┲╍╤╫┉╄ _╸ ╨┯╼┙╵┈┙	
-		
-		
E. Effect (If an ef <u>Note:</u> docum	tive dute, if other than the date of filing:	(5)(6) thu
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	`;



- Tratel FLORE - STOLIDIS Wetness Kluwer Online