

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

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Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAPSC, LLC**

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY
EXAMINER
DEC -1 2015

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

BAPSC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 NOV 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 16, 2004 and assigned
Florida document number L04000012392.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bay Area Physician's Surgery Center, LLC

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

City, Florida 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
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015 NOV 30 AM 9:24
 STATE OF OHIO
 DEPT. OF REVENUE
 TAX DIVISION

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206
EIA SEF-FLORIN
ALPHA

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U.S. DEPT. OF JUSTICE
FBI - ALBANY

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Dated November 23, 2015

Signature of a member or authorized representative of a member

Scott Powell MD
Typed or printed name of signee