## L04000055562

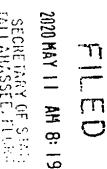
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## **COVER LETTER**

TO:

Registration Section

Division of C	Corporations			
	inellas Surgery Center holding	g company, LLC		
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	r to the following:		
	Dr. John Ahn			
	<u></u>	Name of Person	<del></del>	
	Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    Dr. John Ahn			
		Firm/Company		
	2323 Curlew Road Build	ding 5		
		Address		
	Dunedin, Florida 34698			
		City/State and Zip Code		
	<del>-</del> ·			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information	n concerning this matter, please c	eall:		
Linda Nelson				
Name	e of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee				
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section \ Corporations 527	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

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

FILED 2020 KAY 11 AH 8: 19

North Pinellas Surgery Center Holding Company, LLC

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_07/27/2004 Florida document number \_ L0400055562 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 "LLC." 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: Dr. John Ahn Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u> </u>	□Remove
			🗆 Change
			🗆 Add
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			□Remove
			□ Change

Ala	n Klibanoff, John Ahn, Laurence Zeitlin, Anoop Goyal, Louis Aviles, Joseph Daly, Richard Lacamera,
Mic	hael Peebles, Eric Steckler, Jawahar Taunk
	<del></del>
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an effecti lote:    If t	date, if other than the date of filing:
record s Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	4-3  Signature of a member or authorized representative of a member  Linda Nelso  Typed or printed name of signee

Filing Fee: \$25.00