

209000005954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

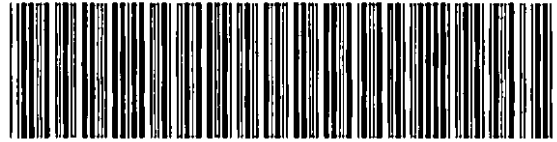
(Business Entity Name)

(Document Number)

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EXAMINER

Santa Fe Surgery Center, LLC

July 24, 2018

Florida Department of State

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

To Whom It May Concern;

Please accept this as our request for amendment of Managers for our facility, as well as revision of Registered Agent. All listed managers should remain in place with the exception of the removal of Mac Swindell.

Please contact me directly if I can answer any questions related to this matter.

Respectfully,



Elisse Seals

Regional VP of Operations

405-285-7500 (office)

405-308-2484 (cell)

Santa Fe Surgery Center
8564 E County Road 466 #101
Lady Lake, FL 32162
352-561-4950

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Santa Fe 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:

Elisse Seals
Name of Person
Santa Fe Surgery Center, LLC
Firm/Company
8564 E. CR 466, Suite 101
Address
Lady Lake, FL 32162
City/State and Zip Code
eseals@solarasurgical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisse Seals at (405) 285-7500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Santa Fe 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 1/20/2009 and assigned
Florida document number LD9000005954

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)

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:

Elisse Seaks

New Registered Office Address:

8564 E. CR 466, Suite 101

Enter Florida street address

Lady Lake

City

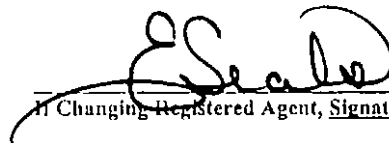
Florida

32162

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>
Mgr	Mac Swindell	1705 Renaissance Blvd	<input type="checkbox"/> Add
		Suite 130	<input checked="" type="checkbox"/> Remove
		Edmond, OK 73013	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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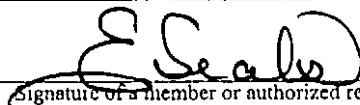
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 20, 2018



Signature of a member or authorized representative of a member

Elisse Seals

Typed or printed name of signer