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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

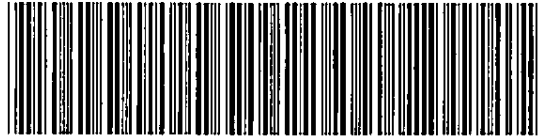
(Business Entity Name)

(Document Number)

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2023 DEC 27 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL
6:11 PM

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:

Stephanie Papoulis
Name of Person
US Eye, LLC
Firm/Company
8043 Cooper Creek Blvd, Suite 101
Address
University Park, FL 34201
City/State and Zip Code
stephanie.papoulis@useye.com
E-mail address: (to be used for future annual report notification)

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2023 DEC 27 PM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Stephanie Papoulis 941 373-6277
at ()
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

**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 01/20/2009 and assigned Florida document number L09000005954.

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)

8043 Cooper Creek Blvd,
Suite 101
University Park, FL 34201

SECRETARY OF STATE
TALLAHASSEE, FL
2023 DEC 27 AM 9:42

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: CFS Management, LLC

New Registered Office Address: 8043 Cooper Creek Blvd, Suite 101

Enter Florida street address

University Park, Florida 34201

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 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

CFS Management, LLC

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>
President	Kinga Huse	8043 Cooper Creek Blvd	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		University Park, FL 34201	<input type="checkbox"/> Change
CEO	Brad Logan	8043 Cooper Creek Blvd	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		University Park, FL 34201	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

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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 December 12, 2023

Handwritten signature of Kinga Huse

Signature of a member or authorized representative of a member

Kinga Huse

Typed or printed name of signee

Filing Fee: \$25.00