Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. \*\*

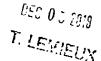
Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIANCE SURGICAL CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Help



## ARTICLES OF AMENDMENT

ź ARTICLES OF ORGANIZATION

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Alliance Surgical Center, LLC	ed Liabilley Commany as it	t now appears on our recor	-ds.)	
(1-milly Vetric 1-mill)	(A Florida Limited Linbility	y Company)		
The Articles of Organization for this Limited L. Norida document number 1.09000112377	iability Company were	filed on 11/23/2009	i	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability c	ompany here:		
he new name must be distinguishable and contain the v	cords "Limited Liability Cor	mpany." the designation "Ll.	.C or the abbrevia	thon "L. L.C.
Enter new principal offices address, if applic	able:			<u></u>
Principal office address MUST BE A STREE	TADDRESS)			
			200	
				3,13
Enter new mailing address, if applicable:			<u> </u>	- Para
(Mailing address MAY BE A POST OFFICE BOX)			ļ.; - <b>-</b>	<u>ru</u>
Stanting master, 1991 1992	<u></u>		7	)
			<u> </u>	
B. If amending the registered agent and	or registered office :	address on our recor	ds. <u>enter th</u>	hame of the
registered agent and/or the new registered o	ffice address here:			
Name of New Registered Agent:				
New Registered Office Address:	1200 South Pine Isla	and Road		
vew registered critice rediress.		Enter Florida street addi	'EST	
	Plantation	. 1	Florida 33324	
	(	Lin	Z	ip Cock

## 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 chities, 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.

Michele Miller, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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

AMBR ≠ 7	Authorized Member		
Title	Name	Address	Type of Action
			Add
			☐ Remove
			Change
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			☐ Remove
			Change

be Manager managed."				
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rective date, if other than the neffective date is listed, the date muter. If the date inserted in this beamient's effective date on the E	ack does not meet the appl	reable statutory filing re	(optional) than 90 days after filing 1 Po quirements, this date wil	usuant to 505 () I not be listed
record specifies a delaye The 90th day after the rec	d effective date, but noord is filed.	not an effective tim	e, at 12:01 a.m. on	the earlier
November 5	2019			
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Filing Fee: \$25.00