

L110000048058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

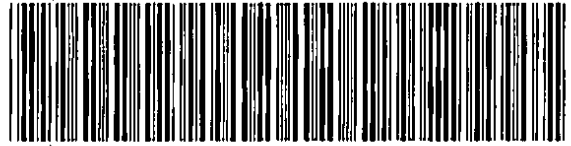
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800419636308

12/01/23--01028--007 **60.00

12/15/23 KH

STATE
FL

2023 DEC -1 AM 10:22

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

AMBULATORY SURGICAL CONSULTANTS OF SOUTH FLORIDA, LLC

SUBJECT: _____
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:

CHARLES CONZENTINO

Name of Person

AMBULATORY SURGICAL CONSULTANTS OF SOUTH FLORIDA, LLC

Firm/Company

704 N Ocean Blvd #501

Address

Pompano Beach, FL 33062

City/State and Zip Code

surgicenters@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Conzentino

973 801-3300

Name of Person

at (_____) _____
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

RECEIVED
2023 DEC -1 AM 10:22
STATE

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

AMBULATORY SURGICAL CONSULTANTS OF SOUTH FLORIDA, 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 APRIL 22, 2011 and assigned
Florida document number L11000048058

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)

704 N OCEAN BLVD #501

POMPANO BEACH, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

704 N OCEAN BLVD #501

POMPANO BEACH, FL 33062

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:

CHARLES CONZENTINO

New Registered Office Address:

704 N OCEAN BLVD #501

Enter Florida street address

POMPANO BEACH

Florida

City

33062

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	CHARLES CONZENTINO	704 N OCEAN BLVD #501 POMPANO BEACH, FL 33062	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CHARLES CONZENTINO, JR.	908 JORDAN DRIVE BRIELLE, NJ 08730	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013 DEC 1 AM 10:22
STATE

FILED

[illegible]

Z123 DFC-1 AM10:

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.

NOVEMBER 21 2023
Dated _____, _____

Charles A. Conyars

Signature of a member or authorized representative of a member

CHARLES CONZENTINO

Typed or printed name of signee

Filing Fee: \$25.00