L13000055669

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

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TALLAHASSEE, FL

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

Email Address: awalls@petersonmyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEWSOM SURGERY CENTER OF SEBRING, LLC

Certificate of Status	0
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Page Count	04
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newsom Surgery Center of Sebring, 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:

Amanda Walls
Name of Person

Peterson & Myers P.A.
Firm/Company

225 East Lemon Street #300
Address

Lakeland, FL 33801
City/State and Zip Code

awalls@petersonmyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Cook at (863) 683-6511
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Newsom Surgery Center of Sebring, 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 16, 2013 and assigned Florida document number L13000055669.

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)

13904 N. Dale Mabry Highway, Suite 200
Tampa, FL 33618

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Amanda L. Walls

New Registered Office Address: 225 East Lemon Street, Suite 300
Enter Florida street address

Lakeland, Florida 33801
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.

Amanda L. Walls

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

Title	Name	Address	Type of Action
MGRM	Thomas H. Newsom	13904 N. Dale Mabry Highway, Suite 200	☐Add
		Tampa FL 33618	☒Remove
			☐Change
MGR	WYAM, LLC	1245 Court Street	☒Add
		Clearwater, FL 33756	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

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 30, 2020.

Amanda L. Walls
Signature of a member or authorized representative of a member

Amanda L. Walls, authorized representative of the sole member
Typed or printed name of signee

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Filing Fee: $25.00