## 14000023515

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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April 25, 2021

AMANDA CHANCE 6333 54TH AVE. N. ST. PETERSBURG, FL 33709

SUBJECT: CLEARWATER SURGICAL CENTER, LLC

Ref. Number: L14000023815

We have received your document for CLEARWATER SURGICAL CENTER, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CANNOT ADD MEMBER WITHOUT TITLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00008513

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

Division of Comment and D.O. DOV 6007 FLUI

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |                              |  |  |
|--|--|------------------------------|--|--|
|  | Surgical Center LLC  |                              |  |  |
| SUBJECT:                               | Name of Limi   | ited Liability Company       |  |  |
| The analoged Amieles of                | Division of Corporations  Clearwater Surgical Center LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  case return all correspondence concerning this matter to the following:  Elorida Medical Pain Management  Firm/Company  6333 54th Ave N  Address  St. Petersburg, FL 33709  City/State and Zip Code  School Filing Fee  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:  Stack Mensch  at (727)  Name of Person  Closed is a check for the following amount:  Closed is a c |                              |  |  |
|  |  | •                            |  |  |
| riease return all correspo             | ondence concerning this matter   | to the following.            |  |  |
|  |  | acy Mensah<br>Name of Person |  |  |
|  | Florida Medical Pain Mana  | gement                       |  |  |
|  | Firm/Company   |                              |  |  |
|  | 6333 54th Ave N  |                              |  |  |
|  |  | Address                      | <del></del>                            |  |
|  | St. Petersburg, FL 33709   |                              |  |  |
|  |  | City/State and Zip Code      |  |  |
|  |  |                              |  |  |
|  | · ·  | •                            | ification)                             |  |
| For further information of             | -  |                              |  |  |
|  | Stacy Menso  | 1h at ( 54 {                 | <u> </u>                               |  |
| Name o                                 | f Person   | Area Code Daytin             | ne Telephone Number                    |  |
| Enclosed is a check for the            | he following amount:   |                              |  |  |
| □ \$25.00 Filing Fee                   |  | Certified Copy               | Certificate of Status & Certified Copy |  |
|  |  |                              |  |  |
| _                                      |  | _                            |  |  |
| P.O. Box 632                           | 27   | The Centre of                | Tallahassee                            |  |
| Tallahassee,                           | FL 32314   | 2415 N. Monro                | oe Street, Suite 810                   |  |

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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Clear water Surgical Center LLC   |  |                        |
|---|--|------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   | iny as it now appears on our records.)<br>Liability Company) | <del></del>            |
| The Articles of Organization for this Limited Liability Company Florida document number L14000023815                | were filed on February 11, 2014                              | and assigned           |
| This amendment is submitted to amend the following:   |  |                        |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                        |
| West Coast Surgical Center LLC  |  |                        |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the                  | abhreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | 1330 S Missouri Ave  |                        |
| Principal office address MUST BE A STREET ADDRESS)  | Clearwater, FL 33756   |                        |
| Enter new mailing address, if applicable:   | 6333 54th Ave N  |                        |
| Mailing address MAY BE A POST OFFICE BOX)   | St. Petersburg, FL 33709                                     |                        |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the n                          | ame of the new registe |
| Name of New Registered Agent:   |  |                        |
| New Registered Office Address:  | Enter Florida street address                                 |                        |
|   | , Florida  |                        |
|   | City   | Zip Code               |

## New Registered Agent's Signature, if changing Registered Agent:

Classicator Surgical Costs I.I.C

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 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>  | Address                                  | Type of Action |
|--------------|--------------|--|----------------|
| Mgr_         | Stacy Mensah | 6333 54th Ave N St. Petersburg, FL 33709 | <b>=</b> Add   |
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| Effective   | date if other than the date of filing:  |                  |
| Note: If    | date, if other than the date of filing:   | 5.0207<br>ted as |
| he record s | secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er the           |
|             | Clasi Chun, m.D.  |                  |
|             | , 50, 50, 50  |                  |

Typed or printed name of signce