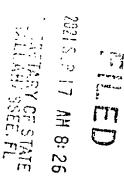
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Sonya C. Penley Tel 850 425,8507 penleys@gtlaw.com

September 17, 2021

VIA HAND DELIVERY

Florida Department of State Division of Corporations Registration Section The Centre of Tallahassee 2415 N. Monroe Street, Ste. 810 Tallahassee, FL 32303

RE: Tradition Surgery Center, LLC

Amendment to Articles of Organization

To Whom It May Concern:

Greenberg Traurig represents Tradition Surgery Center, LLC ("Tradition") and is authorized to submit this letter on its behalf.

Enclosed please find an Amendment to the Articles of Organization for Tradition. This Amendment is being filed to update the Authorized Person(s) and the Registered Agent. Also enclosed please find a check in the amount of \$55.00 for the filing fee and for a certified copy (additional copy is enclosed with a self-addressed, stamped envelope for return).

Thank you for your assistance in this matter.

Sincerely,

Sonva C. Penlev

Enclosures

cc: B

Barbara del Castillo (w/encl.)

Margarita Johnston (w/encl.)

ACTIVE 59360131v1

COVER LETTER

TO: Registration Solution of Co				
	Surgery Center, LLC			
SUBJEC.1:	Name of Lim	ited Liability Company	7	
The applicant Articles of	· A no made and a control of the con	unional for filing		
	Amendment and fee(s) are sub ondence concerning this matter	-		
	Patricia A. Molle-Baroni			
		Name of Person		
	Law Department Cleveland	Clinic		
		Firm/Company		
	3050 Science Park Drive, A	C 321		
		Address		
	Beachwood, OH 44122			
		City/State and Zip Code		
	mollep@ccllorg			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	tilication)	
Patricia A. Molle-Baro	oni	216 448-0169		
	of Person	at (216) 448-0169 Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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 Adden		Street Address		
<u>Mailing Addres</u> Registration		•	<u>Street Address:</u> Registration Section	
Division of C	Corporations	Division of Corporations		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Code
	Plantation	Florida 33324	4
	Enter	Florida street address	
New Registered Office Address:	1200 South Pine Island F	r : Road	m 9
Name of New Registered Agent:	C T Corporation System	—————————————————————————————————————	
agent and/or the new registered office addi-	ess nere.		
B. If amending the registered agent and/or agent and/or the new registered office address.	9	r records, enter the name of	
n te in it is it is it.	. Same 1 office obligation and		The contract of the contract o
		· · ·	
(Mailing address MAY BE A POST OFFICE	<u> </u>	,	
5			<u>-</u>
Enter new mailing address, if applicable:			
			
(Principal office address MUST BE A STRE)	ET ADDRESS)		
Enter new principal offices address, if appli			~-
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbrev	riation "L.L.C."
A. If amending name, enter the new name of	or the named manney company	· uçı c:	
	-	, horo:	
This amendment is submitted to amend the fol	Howing:		
Florida document number L16000045812			
The Articles of Organization for this Limited I	Liability Company were filed on	3/7/2016	and assigned
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	years on our records.)	
Fraction Surgery Center, 1713.			

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.

C T Corporation System

Nichol McCroy, Assistant Secretary
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>	Address	Type of Action
MGR	Darin Jay Hill	9131 Anson Way	
		Suite 304	■Remove
		Raleigh, NC 27615	
MGR Robert L. Lord. Jr.	Robert L. Lord. Jr.	10080 SW Innovation Way	
		Ste 101	□Remove
		Port St. Lucie, FL 34987	Change
			□Add
			□Remove
			□Change
			
			□Change
			DAdd
			Remove
			DChange
			DAdd
			□Remove
			□Change

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(If an effi	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
Dated _.	$\frac{9/16/2021}{3000000000000000000000000000000000000$
	Signature of a member or authorized representative of a member
	Robert Lord, Jr.

Filing Fee: \$25.00