

L16000045812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2021 SEP 17 AM 8:26  
TALLAHASSEE, FL  
CLERK OF STATE

09/17/21 016004-002 \$450.00

RECEIVED  
2021 SEP 17 PM 4:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Y. CHEN  
SEP 17 2021



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,

  
Sonya C. Penley

Enclosures

cc: Barbara del Castillo (w/encl.)  
Margarita Johnston (w/encl.)  
ACTIVE 59360131v1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tradition Surgery Center, 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:

Patricia A. Molle-Baroni

\_\_\_\_\_  
Name of Person

Law Department Cleveland Clinic

\_\_\_\_\_  
Firm/Company

3050 Science Park Drive, AC 321

\_\_\_\_\_  
Address

Beachwood, OH 44122

\_\_\_\_\_  
City/State and Zip Code

mollep@ccl.org

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

For further information concerning this matter, please call:

Patricia A. Molle-Baroni

\_\_\_\_\_  
Name of Person

at ( 216 )

Area Code

448-0169

\_\_\_\_\_  
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

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

Tradition Surgery Center, 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 3/7/2016 and assigned  
Florida document number L16000045812

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.*

C T Corporation System

Nichol McCroy  
If Changing Registered Agent, Signature of New Registered Agent

Nichol McCroy, Assistant Secretary

FILED  
2016 MAR 13 AM 8:26  
CLERK OF STATE  
TALLAHASSEE, FL

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	Darin Jay Hill	9131 Anson Way	<input type="checkbox"/> Add
		Suite 304	<input checked="" type="checkbox"/> Remove
		Raleigh, NC 27615	<input type="checkbox"/> Change
MGR	Robert L. Lord, Jr.	10080 SW Innovation Way	<input checked="" type="checkbox"/> Add
		Ste 101	<input type="checkbox"/> Remove
		Port St. Lucie, FL 34987	<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

[illegible]

(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)

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.

9/16/2021

Signature of a member or authorized representative

Robert Lord, Jr.

Typed or printed name of signee

**Filing Fee: \$25.00**