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DATE:

7/25/2023

NAME: US SURGICAL OF DELRAY LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| US SURGICAL OF DELRAY LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany as it now appears on our record Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Company | | and assigned |
| Florida document number L16000059090 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4800 LINTON BLVD. | د-، |
| (Principal office address MUST BE A STREET ADDRESS) | SUITE E-301 | 33 |
| | DELRAY BEACH, FL 33445 | |
| | | 13. Z |
| Enter new mailing address, if applicable: | | PH SSF |
| Mailing address MAY BE A POST OFFICE BOX) | | ino m |
| | | OZ FLE |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: | ddress on our records, <u>enter tl</u> | ne name of the new regis |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | |
| | 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.

If Changing Registered Agent, Signature of New Registered Agent

It 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 |
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| Effective date, if other than the fan effective date is listed, the date in this Mote: If the date inserted in this document's effective date on the | nust be specific an block does not a | d cannot be prior t | o date of filing or n ble statutory filir | onore than 90 days and a requirements, | ptional) After filing.) Pursuant this date will not t | to 605.0207 (be listed as t |
| | tive date, but no | t an effective tin | ne, at 12:01 a.m. | on the earlier of | (b) The 90th day | y after the |
| record specifies a delayed effect d is filed. | | | | | | |
| e record specifies a delayed effect d is filed. Dated JULY 24 | | , 2023 | _ · | | | |
| HH V 24 | Jagger - | , 2023 | _· | | | |
| HH V 24 | Signature of a r | , | _ · | of a member | | |