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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Torida Surgical Conic UC Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenna Kazil Name of Person
Florida Surgical Clinic, UC
701 Manatel Are West Ste/05
Bradenton, FL 34205 City/State and Zip, Code
Jennaka Zi & flori da Swgi Cal Clin 1810 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Senna Kazil at (856) 316 - 9239 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florido Limited L	ay ds it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4 16 00009 7006.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	l <u>ity company here</u> :
	Saml
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent and of the new registered office address here.	
Name of New Registered Agent: Sun	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code SECO. 2024
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

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ective	e date, if other than the date of filing: July 4, 2024 (optional)	
ı effect	ive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
	t's effective date on the Department of State's records.	
و ليسميد	manificus a delayard officetiva data hus not an affactiva tima at 12:01 a m anothe continuation of the The Mith affactive	. ماه .
s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	LTH.
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	Signature of a member of authorized sepresentative of a member $\frac{3}{3}$	