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Office Use Only



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COVER LETTER

	ision of Cor					
SUBJECT:	Palm Beach Surgical Suites, LLC					
SOBJECT.	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Heather Mason				
			Name of Person			
Palm Beach Surgical Suites, LLC						
		Firm/Company				
		4215 Burns Road, Suite 15	50			
			Address			
		Palm Beach Gardens, FL 33410-4625				
			City/State and Zip Code			
		hmason@palmbeachsurg.co	om			
		E-mail address: (to be used for future annual report notifi	ication)		
For further in	nformation c	oncerning this matter, please ca	all:			
Heather Ma			772 260-4018 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAN 17 PM 2: 27

Palm Beach Surgical Suites, 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 April 26, 2018 ____ and assigned Florida document number _____L18000105435 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 "LLC." 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: New Registered Office Address: Enter Florida street address _, Florida ______ 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

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
AMBR	Heather Mason	4215 Burns Road Suite 150 Palm Beach Gardens, FL 33410	■ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			Add
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·			Add
			🗆 Remove
			Change
			Add
			Remove
			□ Change

If an e <u>Note:</u>	tive date, if other than the date of filing:
ne re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
Dated	January 7th 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00