

L180000250722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

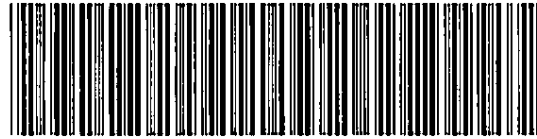
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700331262137

07/03/19--01019--019 **\$5.00

FILED

2019 JUL -3 P 12:53

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

JUL 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SurgCenter of Greater Jacksonville, 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:

Melissa Scheibe

Name of Person

SurgCenter of Greater Jacksonville, LLC

Firm/Company

9143 Phillips Highway, Suite 500

Address

Jacksonville, FL 32256

City/State and Zip Code

mscheibe@scgjacksonville.com

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

For further information concerning this matter, please call:

Melissa Scheibe

904 233-0597
at ()

Name of Person

Area Code

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/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

SurgCenter of Greater Jacksonville, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2019 JUL -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/24/2018 and assigned
Florida document number L18000250722

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

9143 Phillips Highway, Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL. 32256

Enter new mailing address, if applicable:

9143 Phillips Highway, Suite 500

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL. 32256

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:

Melissa Scheibe

New Registered Office Address:

9143 Phillips Highway, Suite 500

Enter Florida street address

Jacksonville

Florida 32256

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

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	Mark Gould	7901 4th Street N., Suite 300	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Burnette	9143 Phillips Highway, Suite 500	<input type="checkbox"/> Add
		Jacksonville, FL. 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Bernard Guiot	9143 Phillips Highway, Suite 500	<input type="checkbox"/> Add
		Jacksonville, FL. 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	David Greenwald	9143 Phillips Highway, Suite 500	<input type="checkbox"/> Add
		Jacksonville, FL. 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Stacey Berner	9143 Phillips Highway, Suite 500	<input type="checkbox"/> Add
		Jacksonville, FL. 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated June 28, 2019

signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Stacey Berner, Authorized Member

Typed or printed name of signee