

3/16/2020

Division of Corporations

UP900004636

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H20000084958 3)))

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of each page of the document.

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H20000084958 303

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To:
Division of Corporations
Fax Number : (850)617-6183

From:
Account Name : BRENNAN, MAYRA E DIAMOND, P.L.
Account Number : I20040008104
Phone : (904)366-1500
Fax Number : (204)366-1501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Inelson@hcfpllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CELEBRATION SURGERY CENTER, LLC

Certificate of Status	0
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2020 MAR 16 AM 8:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAR 17 2020
S. YOUNG

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COVER LETTER

((H20000084958 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Celebration 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:

Shannan Mullenix, Paralegal

Name of Person

Brennan, Manna & Diamond, LLC

Firm/Company

75 East Market Street

Address

Akron, Ohio 44308

City/State and Zip Code

smullenix@bmdllc.com

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

For further information concerning this matter, please call:

Shannan Mullenix, Paralegal

at 330 374-7485

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Celebration 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 February 15, 2019

Florida document number L19000046636

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:

7110 Crossroads Blvd., Suite 200

(Principal office address MUST BE A STREET ADDRESS)

Brentwood, Tennessee 37027

Enter new mailing address, if applicable:

7110 Crossroads Blvd., Suite 200

(Mailing address MAY BE A POST OFFICE BOX)

Brentwood, Tennessee 37027

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

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and add.
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)(h)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee _____

Filing Fee: \$25.00