

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

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

Email Address: Mark@CPAsite.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIPER SURGERY CENTER JTBK, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

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SEP 23 2022
K. Brumbyer

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Viper Surgery Center JTBK, 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:

Lauren M. Weisman, Esq.

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

Mark@CPAsite.com

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

For further information concerning this matter, please call:

Lauren M. Weisman, Esq.

904 406-8086

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 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

Viper Surgery Center JTBC, 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 December 11, 2019 and assigned
Florida document number L19000295296.

This amendment is submitted to amend the following:

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

Centurion Surgery Center of Jacksonville, LLC

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:

(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

City

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CLERK OF DISTRICT COURT
JAIL HOUSE, FLORIDA

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

DocuSign Envelope ID: A5C2EE1B-7506-4B89-96C7-75C4736424CD

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| | | _____ | <input type="checkbox"/> Change |

[illegible]

(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)

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 September 21, 2022

DocuSigned by:

 32EB3610DB1D495

Signature of a member or authorized representative of a member

Christopher Roberts, M.D.

Typed or printed name of signee