Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NICI LAW FIRM, P.L.

Account Number : I20110000008
Phone : (239)449-6150
Fax Number : (877)646-0560

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHARLESTON ASC, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CHARLESTON ASC, LLC | | | |
|---|---|--------------------------|--|
| (Name of the Limited Liability Compa (A Florida limited L | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.20000366341 | were filed on 12/02/2020 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abl | oreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 2601 South Tamiami Trail | | |
| (Principal office address MUST BE A STREET ADDRESS) | Sarasota, FL 34239 | | |
| Enter new mailing address, if applicable: | 2601 South Tamiami Trail | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Sarasota, FL 34239 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the nam</u> رزا | e of the new regist | |
| Name of New Registered Agent: | | S C C | |
| New Registered Office Address: | Enter Florida street address | FLED 24 AX ASH FLE | |
| | , Florida | Cod OO | |
| New Registered Agent's Signature, if changing Registered Agent: | | 5€ 5€ | |

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.

09/24/2021 06:42 AM T0:18506176383 FROM:8776460560

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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 |
|--------------|------------------------|--------------------------|-----------------|
| MGR | SIRENA MANAGEMENT, LLC | 2601 South Tamiami Trail | |
| | | Sarasota, FL 34239 | Remove |
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| fective date, if other than the m effective date is listed, the date must | date of filing: | (opt | ional) |
| ote: If the date inserted in this blo | ock does not meet the applicable s | tatutory filing requirements, th | is date will not be listed a |
| ocument's effective date on the De | partment of State's records. | | |
| record specifies a delayed effective | date, but not an effective time, at | : 12:01 a.m. on the earlier of; (| b) The 90 th day after the |
| is filed. | | ` | <u> </u> |
| . Contourbur 23 | 2021 | | SEP 21 |
| September 23 | 7, 7 | | . * 1 |
| | Mm K.A | | <u></u> |
| | | | |
| | Signature of a member or authorized a | representative of a member | 1 8: 56 CORID |

Filing Fee: \$25.00