L21000188455

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COVER LETTER

	istration Se ision of Cor			
	Jewitt Ortho	opedic Institute Surgery Center,	LLC	·
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspo	ondence concerning this matter to	the following:	
		Ryan Zika		
			Name of Person	
			Firm/Company	
		1414 Kuhl Avenue, MP 2		
			Address	
		Orlando, FL 32806		
		<u> </u>	City/State and Zip Code	
		RYAN.ZIKA@ORLANDOI		
For further in	formation c	E-mail address: (to oncerning this matter, please cal	be used for future annual report no l:	otification)
Steve Pratt			317 752-9437	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	S30.00 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)
	ling Addres		<u>Street Address:</u> Registration S	ection
Division of Corporations		Division of Corporations		
	Box 632		The Centre of	
tall	lahassee, I	L 32314	2413 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jewitt Orthopedic Institute 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 April 22, 2021 and assigned Florida document number $\frac{L21000188455}{L21000188455}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jewett Orthopedic Institute Surgery Center, LLC 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

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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(If an effi	ve date, if other than the date of filing:
	d 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 ed.
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ord is fil	ed.