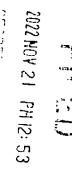
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(Requestor's Name)
(Address)
(Address)
(identities)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Degument Number)
(Document Number)
Certified Copies Certificates of Status
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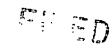
115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/18/2022	
Name:	Greg Pintacuda	
Referer	nce #: 1837340	
Entity N	Name: ST. BARBARA'S S	JRGERY CENTER, LLC
	Articles of Incorporation/Authorization t	o Transact Business
V A	Amendment	
	Change of Agent	
F	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
□ F	Fictitious Name	
	Other	
Authori: Signatu	zed Amount: 1 \$25	

F: 800.944.6607

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		2022 NOV 21	PM IO. E.
		R, LLC	11112:54
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	GE STATE
	- , ,	05/17/2021	and assigned
The Articles of Organization for this Limited Liability Company were filed on			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: 1745 Her	itage Trail, Naț	oles, FL 34112
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
	210		
(Mailing address MAY BE A POST OFFICE BC	<u></u>		
			
	•••	our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florid	la street address	
		, Florida	
	Сиу		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>	Address	Type of Action
			∃ Add
			⊒ Remove
			☐ Change
			∃ Add
			□ Remove
		 	
		<u> </u>	
			
			Remove
		<u> </u>	
			□ Remove
			□ Change
			⊐ Remove
			Change

				
				
				
			 	
an effective o Vote: If the		and cannot be prior to date of to to meet the applicable statu	(optional) filing or more than 90 days after filing.) Put tory filing requirements, this date will	
	specifies a delayed effective day after the record is file		ective time, at 12:01 a.m. on	the earlier o
ated	November 18	2022		
		In In 1	•	
	Signature o	f a member or authorized repre	esentative of a member	

Page 3 of 3

Filing Fee: \$25.00