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To:	Division of Corporations			
	Fax Number : (850)617-6383			
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	Account Name : LAZARUS CORPO Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	RATE FILING SERVICE,	65	
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LAZARUS CORPORATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEP SURGICAL CENTERS, 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 <u>06/03/2021</u> and assigned Florida document number ^{L21000260402}

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:

(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:



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.

LAZARUS CORPORATE

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MENENDEZ, EVELYS	12540 SW 203RD ST	
		MIAMI, FL 33177	
	Roque, Natalia M		Change
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		MIAMI, FL 33177	
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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