

L21000210402

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LEP SURGERY CENTERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 29 2021

S. PRATHER

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LEP SURGERY CENTERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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assigned  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2021

Florida document number 1.21000260402

This amendment is submitted to amend the following:

A. If attending 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)

2500 NW 79 AVE

STE 270-276

DORAL, FL 33122

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 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 new address and phone number of each person, state street or removed from our records:~~

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PERDOMO, LIZANDRA	2500 NW 79 AVE	<input type="checkbox"/> Add
		STE 270-276	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input checked="" type="checkbox"/> Change
AMBR	LORENZO, EDUARDO	2500 NW 79 AVE	<input type="checkbox"/> Add
		STE 270-276	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input checked="" type="checkbox"/> Change
AMBR	ROQUE, NATALIA M	2500 NW 79 AVE	<input type="checkbox"/> Add
		STE 270-276	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please add EIN #87-1045655

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the document is not in force until that date.)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 23 2021

Lizandra Perdomo

Signature of a member or authorized representative of a member

Lizandra Perdomo

Typed or printed name of signer

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TALLAHASSEE, FLORIDA