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Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEP SURGERY CENTERS, LLC

Certificate of Status	0
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Page Count	04
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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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2021 SEP 28 PM 1:16 assigned

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

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Three blank lines for principal office 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

City, Florida 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 entering Authorized Person(s) authorized to manage, MUST USE ONLY WHAT YOU KNOW TO BE TRUE. PLEASE STATE
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
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