

To: +18506176333

Page 3 of 7

2021-10-27 09:05:00 CST

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From: Kimberly Laughrey

10/27/21, 11:03 AM

Division of Corporations

L 21000377456

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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2021 OCT 27 AM 10:17

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAMUEL WELLS SURGICENTER, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

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A. LUNT

2021 OCT 27 AM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



717.759.4380

182 Industrial Road  
Glen Rock, PA 17327

[bluecloudpsc.com](http://bluecloudpsc.com)

October 26, 2021

To whom it may concern:

The intent of this letter is to inform you that Jacksonville Children's Surgery Center, LLC/ Document Number M20000011853 grants permission to Samuel Wells Surgicenter, LLC to use the name, Jacksonville Children's Surgery Center, LLC.

Sincerely,

A handwritten signature in black ink, appearing to read "Devin Larsen".

Devin Larsen, CEO

Blue Cloud Pediatric Surgery Centers, LLC

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samuel Wells Surgicenter, LLC

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

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2021 OCT 27 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 8/23/2021 and assigned  
Florida document number L21000377456.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Jacksonville Children's Surgery Center, LLC

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:**

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 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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          | <input type="checkbox"/> Change |
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|              |             | _____          | <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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 October 20 2021

Carol Hollings  
Sign. of a member or authorized representative of a member

Caryl L Hollinger

Typed or printed name of signee