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(((H23000088675 3)))



H230000886753ABC6

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVENTHEALTH Account Number : I20050000005

: (407)357-2333 Fax Number : (407)357-2717

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

Email Address: Corp. legal@adventhealth.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVENTHEALTH KISSIMMEE ENDOSCOPY CENTER, LLC

| Certificate of Status | 1       |
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## (H230000886 15 3) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ADVENTHEALTH KISSIMMEE ENDOSCOPY CENTER, 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 8/26/2021 and assigned Florida document number L21000383379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AdventHealth Surgery Center Daytona Beach, LLC 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) 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 C Florida \_\_\_\_ Zw Codé City Ÿ 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

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

(H23000886753)
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

|              | Authorized Member  Name | <u>Address</u> | Type of Action |
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| Effective date, if other than the difference date, is listed, the date must Note: If the date inserted in this block locument's effective date on the Dep | be specific and cannot be pri<br>ck does not meet the appl | icable statutory filing require  | (optional)<br>0 days after filing.) Pursuant to 605.<br>ments, this date will not be liste | ,020;<br>ed as |
| record specifies a delayed effective lis filed.                                                                                                           | date, but not an effective                                 | time, at 12:01 a.m. on the ca    | lier of: (b) The 90th day after                                                            | the            |
| ated March 7                                                                                                                                              | , 2023                                                     | <u> </u>                         |                                                                                            | :              |
| · Ste                                                                                                                                                     | ignature of a member or au                                 | thorized representative of a mem | ber                                                                                        | :              |
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