

L23000073530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

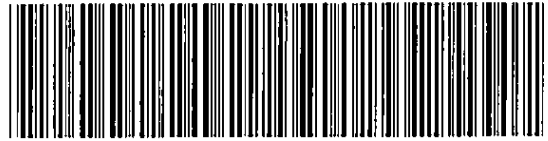
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/19/23--01009--002 **30.00

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2023 JUN 14 PM 3:02

STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

LLC
Amend
N/C

06/14/23
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2023

DIANA NAPOLIELLO
8340 LAKEWOOD RANCH BLVD
STE 101
LAKEWOOD RANCH, FL 34202

SUBJECT: STRATEGIC SURGICAL SOLUTIONS, LLC
Ref. Number: L23000073530

We have received your document for STRATEGIC SURGICAL SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IT APPEARS YOU TRYING TO BECOME A PLLC

The specific purpose of the entity must be set forth in the document.

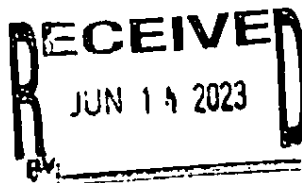
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 623A00012670

2415 N. Monroe Suite 810



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Surgical Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana Napoliello
Name of Person

Strategic Surgical Solutions, LLC
Firm/Company

8340 Lakewood Ranch Blvd. Ste 101
Address

Lakewood Ranch FL 34202
City/State and Zip Code

Haredi@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Napoliello at (941) 504-0046
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Strategic Surgical Solutions, 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 02/09/23 and assigned Florida document number 123000073530.

This amendment is submitted to amend the following:

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

Strategic Surgical Solutions, PLLC
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

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

~~In order for our physician to work in North Dakota, he needs to be associated with a Professional Limited Liability Company (PLLC). This company will be registered with the North Dakota as a foreign out of state entity with a North Dakota registered agent. Again, this is a necessity for the physician to work in North Dakota as a surgeon.~~ Medical Services

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)

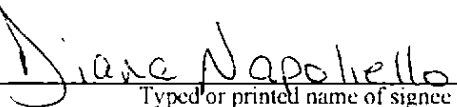
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4-07-23


Signature of a member or authorized representative of a member


Typed or printed name of signee