

# L23000192469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

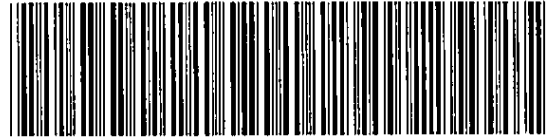
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 04/24/2023

Acc#120160000072

en: LSW

|             |  |
|-------------|--|
| Name:       | Southwest Florida Institute of Ambulatory Surgery, LLC |
| Document #: |  |
| Order #:    | 14901119 - 1   |

|                                   |                          |                         |  |
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| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
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Amount: \$ 55.00

Thank you!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY, 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:

Madison Botsch

Name of Person

Holland and Knight LLP

Firm/Company

511 Union Street, Suite 2700

Address

Nashville, TN 37219

City/State and Zip Code

madison.botsch@hklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madison Botsch

at 615 850-8774  
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**

**FILED**

2023 FEB 24 PM 12:24

SOUTHWEST FLORIDA INSTITUTE OF AMBULATORY SURGERY, LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/18/2023 and assigned  
Florida document number L23000192469.

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 "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

\_\_\_\_\_, 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 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>                      |
|--------------|--------------------|--------------------|--|
| MGR          | Devin Larsen       | 3700 CENTRAL AVE   | <input checked="" type="checkbox"/> Add    |
|              |                    | FT MYERS, FL 33901 | <input type="checkbox"/> Remove            |
|              |                    |                    | <input type="checkbox"/> Change            |
| MGR          | Dennis Smythe      | 3700 CENTRAL AVE   | <input checked="" type="checkbox"/> Add    |
|              |                    | FT MYERS, FL 33901 | <input type="checkbox"/> Remove            |
|              |                    |                    | <input type="checkbox"/> Change            |
| MGR          | Robert Brueck      | 3700 CENTRAL AVE   | <input type="checkbox"/> Add               |
|              |                    | FT MYERS, FL 33901 | <input checked="" type="checkbox"/> Remove |
|              |                    |                    | <input type="checkbox"/> Change            |
| MGR          | Michael K. Kim     | 3700 CENTRAL AVE   | <input type="checkbox"/> Add               |
|              |                    | FT MYERS, FL 33901 | <input checked="" type="checkbox"/> Remove |
|              |                    |                    | <input type="checkbox"/> Change            |
| MGR          | Larraine M Golosow | 3700 CENTRAL AVE   | <input type="checkbox"/> Add               |
|              |                    | FT MYERS, FL 33901 | <input checked="" type="checkbox"/> Remove |
|              |                    |                    | <input type="checkbox"/> Change            |
|              |                    |                    | <input type="checkbox"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |
|              |                    |                    | <input type="checkbox"/> Change            |

2013 APR 24 PM 12:24  
S. J. KETMAN, OF STATE  
TALLAHASSEE, FL

FILED  
2013 MAR 24 PM 12:24  
CLERK OF STATE  
TALLAHASSEE, FL

(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)

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 April 24, 2023

7-12-2

Devin Larsen

Typed or printed name of signee

**Filing Fee: \$25.00**