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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

\*\*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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHWEST FLORIDAINSTITUTE OF AMBULATORY SURGERY.

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M. SOLOMON

MAY - 1 2023

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	iy aş it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04-18/2023	and assigned
Florida document number 1 23000192469		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Fort Myers Children's Surgery Center, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	182 Industrial Road	
(Principal office address MUST BE A STREET ADDRESS)	Glen Rock, PA 17327	20 <b>23 A</b> PR
	. <u> </u>	<u>*************************************</u>
inter new mailing address, if applicable:	182 Industrial Road	: 1 2년 <b>2</b>
(Mailing address MAY BE A POST OFFICE BOX)	Glen Rock, PA 17327	
		23 AH 23
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	77. 63.1
	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 Changing Registered Agent	L 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>	Name	Address	Type of Action
MGR	Robert J Brucck	3700 Central Ave	□Add
		Pt Myers, 11, 33901	
			UChange
MGR	Michael K Kim	3700 Central Ave	
		Ft Myers, Ft. 33901	
			TChange 22
MGR	Latrone M Gulosow	3700 Central Ave	APR 2
		Ft Myers, FL 33901	File in the second seco
			102   102
MGR	Devin Larsen	182 Industrial Road	يا Add
		Glen Rock, PA 17327	ПКепюче
MGR	Dennis Smythe	182 Industrial Road	
		Glen Rock, PA 17327	L!Remove
			[]Change
			□Remove
			UChange

. It amending any other minimae	ion, enter change(s) here: (Attach additional sh	eets, if necessary.)	
		-	
		2 (7 7 (7 7 (7)	2023 /
		### ###	APR 2
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		Şm	: 23
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Effective date, if other than the differ effective date is listed, the date must back. Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of filing or more than s k does not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605, ciments, this date will not be liste	0207 (3)(b) d as the
he record specifies a delayed effective ord is filed.	late, but not an effective time, at $\pm 2 \% 1$ a m <sup>2</sup> on the er	ortion of: (h) — The 90th day often	the
Dated April 25	2023		
Dennis Sm	of the strature of a member or authorized representative of a mem		
	printing of a member of authorized representative of a mem	nbe:	
Denuis Smythe	Typed or printed name of signee		