

Florida Department of State  
Division of Corporations  
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**L23000270237**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OUTPATIENT PLASTIC SURGERY CENTER, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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AUG 03 2023  
K. Brumley

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUTPATIENT PLASTIC SURGERY 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 06/13/2023 and assigned  
Florida document number L23000283297.

This amendment is submitted to amend the following:

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

West Palm Beach 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)

182 Industrial Road

Glen Rock, PA 17327

**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*

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**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>
MGR	Devin Larsen, CEO	182 Industrial Road	<input checked="" type="checkbox"/> Add
		Glen Rock, PA 17327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dennis Smythe, CEO	182 Industrial Road	<input checked="" type="checkbox"/> Add
		Glen Rock, PA 17327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alan Pillersdorf	1620 S Congress Ave, Suite 101	<input type="checkbox"/> Add
		Palm Springs, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dov Eidelman	1620 S Congress Ave, Suite 101	<input type="checkbox"/> Add
		Palm Springs, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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