L24000/88006





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11/22/24--01021--023 **25.00



COVER LETTER

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cub mz	Inno	l.C					
SUBJEC	.l: <u></u>		Name of Limi	ited Liability Company			
The encl	osed Artí	cles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all c	orrespone	dence concerning this matter	to the following:			
				Name of Person			
			Innovation Ambulatory Su	rgical Center LLC			
	Firm/Company 3126 Highlands Lakeview Circle Address						
			3126 Highlands Lakeview	Circle			
				Address			
	Lakeland , Florida 33812						
City/State and Zip Code							
			mhaq1@hotmail.com E-mail address: (0	to be used for future annual report notification)			
For furth	er inform	nation cor	ncerning this matter, please ca	all:			
Mahmud	Jul Haque	<u>.</u>		863 2551865			
Name of Person		^p erson	at () Area Code Daytime Telephone Number				
Enclosed	l is a chec	k for the	following amount:				
■ \$25.	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address:			
		Address:		Street Address:			
		stration Section sion of Corporations		Registration Section Division of Corporations			
		Box 6327		The Centre of Tallahassee 유유 골			
	Tallaha	ssee, FI	_ 32314	2415 N. Monroe Street, Suite 810 📆 📻			
				Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovation Ambulatory 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 $\frac{04/22/2024}{2}$ _____ and assigned Florida document number L24000188006 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Innovation Surgical Center 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 _, Florida 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 **Wi**ce 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 liabilar company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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>	Address	Type of Action
			□ Add
			□Remove
			□Change
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Note:	ve date, if other than the date of filing:	onal) r filing.) Pursuant to 605.02	207 (3)(b as the
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 89th day after the	ne
ord is fi	ed.		
Dated		JACK HON	
Dated		22	
			, [:]
	Signature of a member or authorized representative of a member	OF STATE	ξ.

Filing Fee: \$25.00