## PM000035713

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## **COVER LETTER**

TO: Amendment Section Division of Corpor			
<b>,</b>		Andrew a man Cuplical Co tec Do	<b>C</b> 1
NAME OF CORPOR	$_{\text{ATION:}}$	AMBULATORY SURBICAL CONTERIA	K.
DOCUMENT NUMBE	er: <u>P1700</u>	0038713	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	ENM	ANVEL PIMENTEL  Name of Contact Person	
	5000 1 1	Name of Contact Person	
<u> </u>	JOMA HME	DULATON SURGICAL CONTER, INC	
5	3506 54	Name of Contact Person  OULATON SURGICAL CONTER, TWO  Firm/Company  J 8 ST  Address  ORIGA 33144	
<u>c</u>		Address	
	MIMMI, F	TORIDA 33144	
-		City/ State and Zip Code	
	INFO @ DU E-mail address: (to be us	LICPIASTICS URBERY, COM sed for future annual report notification)	
For further information	concerning this matter, pleas	se call:	
ENMANUEL	Pimentel	at (305) 262 - 8347	
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
	ng Address	Street Address	
	dment Section ion of Corporations	Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment

to
Articles of Incorporation

SOMA A	MBULATORY	SURGICAL C	ENTER, INC
( <u>Name ol</u>	Corporation as currently t	filed with the Florida Dept. of Sta	<u>ate</u> )
	(Document Number of C	Someration (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:		,	e following amendment(s) to
A. If amending name, enter the new name	me of the corporation:		
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ition "Corp." "Inc," or "Co	". A professional corporation no	The new or the abbreviation arms tontain the
B. Enter new principal office address, if (Principal office address MUST BE A ST			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O			17 JUN -9
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name of th	
Name of New Registered Agent	ENMANUE 8506 SU	L PIMENTEL N 8 ST, MIAM	
·	(Florida street	address)	<u>·</u>
New Registered Office Address:	<u> </u>	AM I, Florid	a 33174
New Registered Agent's Signature, if ch		ity)	(хір Сойе)
I hereby accept the appointment as registe.	red agent. I am familiar with Signature of New Regi	uffmull.	position.
	, (	( / / / / / / / / / / / / / / / / / / /	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	NANCY TABARES	8506 SW8 ST
Add			MIAMI F1 33144
Remove			
2) Change	<u>P</u>		8506 SW 8 ST
Add			MIMII F1 33/44
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mach additiona	l sheets, if necessar	y). (Be specifi	ic)			
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<u>grovisions for i</u>	nt provides for an object the angle of the a	amendment if n	ssification, or ca ot contained in t	ncellation of issu he amendment i	ied shares, tself:	
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The date of each amendment(s) adoption:	00	5/02/	2017	, if other than the
date this document was signed.	16/00	1201	<b>-</b> -	
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendme	nt file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S		statutory filing r	equirements, this date w	vill not be listed as the
Adoption of Amendment(s) (CHE	CCK ONE)			
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The num proval.	ber of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting g				
"The number of votes cast for the amend	lment(s) was/were suf	ficient for approv	/al	
by				
(votin	ng group)			
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors with	out shareholder a	ection and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.	acorporators without s	hareholder action	and shareholder	
Dated	102/20	017		
Signature ///	uel Omi	ite D		
	lem or other officer -	if directors or off	ficers have not been	
	porator/– if in the han	ds of a receiver, t	trustee, or other court	
appointed fiduciary b	TWMAN	vel f	imente/	ı
	yped or printed name	of person signin	g)	
	,	PRESIC	low T	

(Title of person signing)