

L2300155799 732

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PORT ORANGE ENDOSCOPY & SURGERY CENTER, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 05 |
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2023 APR 27 PM 1:43

2023 APR 26 PM 5:12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Port Orange Endoscopy & 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 March 24, 2023 and assigned Florida document number L23000136732.

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

- 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, Signature of New Registered Agent

2023 APR 25 PM 4:3

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 | Shyroll Morris | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| President | Shyroll Morris | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | David Weis | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| VP | David Weis | 550 MEMORIAL CIRCLE, SUITE G | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Cory Domayer | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Treasurer | Cory Domayer | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> 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 | Debora Thomas | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Chairman | Debora Thomas | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Secretary | Debora Thomas | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | John T. Tolland, MD | 550 MEMORIAL CIRCLE, SUITE G | <input checked="" type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| President | John T. Tolland, MD | 5 BROADRIVER | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Andrew H. Ritter, MD | 24 IROQUOIS TRAIL | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> 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> |
|--------------|-----------------------|------------------------|--|
| VP | Andrew H. Ritter, MD | 24 IROQUOIS TRAIL | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kathleen Williams, MD | 845 JOHN ANDERSON | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| ST | Kathleen Williams, MD | 845 JOHN ANDERSON | <input type="checkbox"/> Add |
| | | ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

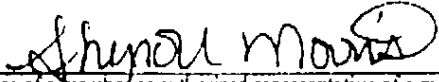
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 25 _____, 2023



Signature of a member or authorized representative of a member

Shyroll Morris

Typed or printed name of signee