

L12000092605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

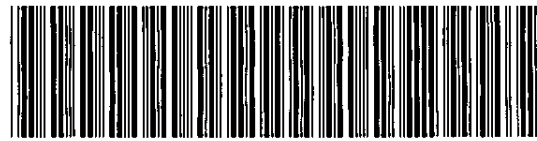
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/14--01001--012 **100.00

TO APPEAR BEFORE
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2014 OCT -8 PM 3:28

FILED
2014 OCT -8 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Galtson OCT -9 2014

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 10-8-14

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Amend _____

1. Modern Anesthesia Company, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Modern Anesthesia Company, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori A. Jackson

Name of Person

Strong & Hanni

Firm/Company

9350 South 150 East Ste 820

Address

Sandy, UT 84070

City/State and Zip Code

ljackson@strongandhanni.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori A. Jackson

Name of Person

at 801 532-7080

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MODERN ANESTHESIA COMPANY, 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 July 17, 2012 and assigned Florida document number L12000092605

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1900 W. Oakland Park Blvd.
(Principal office address MUST BE A STREET ADDRESS) #5345
Fort Lauderdale, FL 33310

Enter new mailing address, if applicable: 1900 W. Oakland Park Blvd.
(Mailing address MAY BE A POST OFFICE BOX) #5345
Fort Lauderdale, FL 33310

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: Corporate Access Inc.

New Registered Office Address: 236 E 6th Avenue
Enter Florida street address

Tallahassee, Florida 32303-6208
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, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>Mgr</u>	<u>SMB Investments, LLC</u>	<u>300 East Oakland Park Blvd # 502</u>	<input type="checkbox"/> Add
		<u>Wilton Manors, FL. 33334 US</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>KIC Management Group, Inc.</u>	<u>500 Cummings Center, Suite 500</u>	<input checked="" type="checkbox"/> Add
		<u>Beverly, MA 01915</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 30, 2014



Signature of a member or authorized representative of a member

Kingsley R. Chin, M.D.

Typed or printed name of signee

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Filing Fee: \$25.00

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