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COVER LETTER

	on of Corp	orations		
	ANGLEY.	ANESTHESIOLOGY LLC		
SUBJECT:	 .	Name of Limi	ted Liability Company	_
The enclosed Ai	rticles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all	correspon	dence concerning this matter t	to the following:	
		BRENDA NANCE, PARA	LEGAL	
			Name of Person	
		ASSET DEFENSE TEAM	, L.I.C	
			Firm/Company	
		P.O. BOX 250442		
			Address	
		PLANO, TX 75025-0442		
			City/State and Zip Code	
		brenda@assetdefenseteam.c		
			o be used for future annual report notific	auon)
For further infor	rmation co	ncerning this matter, please ca	dh:	
BRENDA NAM	NCE, PAR	ALEGAL	970 507-7100	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed is a ch	neck for the	e following amount:		
\$ \$25,00 Filin	ng 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

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANGLEY ANESTHESIOLOGY LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000019169</u> This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab		31 AH 9:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Ll	.C" or the abbreviation E.TC."—
Enter new principal offices address, if applicable:	39 DEXTER AVE., SUITE	502
(Principal office address MUST BE A STREET ADDRESS)	MONTGOMERY, AL 3610	4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	39 DEXTER AVE., SUITE MONTGOMERY, AL 3610 ffice address on our recorg:	4
New Registered Office Address.	New Registered Office Address: Enter Florida street address	ress
	,.	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I performance of my duties, provided for in Chapter 603	and I am familiar with and 5. F.S. Or, if this document is

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>	Address	Type of Action
MGR	RHET LANGLEY	39 DEXTER AVE., SUITE 502	≘ Add
		MONTGOMERY, AL 36104	□ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Rhet Laugley Signature of a member or authorized representative of a member
	thet haugher
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00