

W600000 122009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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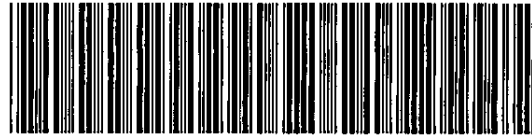
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W6-122009
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2007

SHARON LOWE
1006 NW 40TH PLACE
CAPE CAROL, FL 33993

SUBJECT: SHARON LOWE ANESTHESIA LLC.
Ref. Number: L06000122009

We have received your document for SHARON LOWE ANESTHESIA LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to remove the registered agent you must replace the person with a new registered agent.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 107A00001419

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARON Lowe ANESTHESIA 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:

SHARON Lowe
(Name of Person)

SHARON LOWE ANESTHESIA LLC
(Firm/Company)

1006 NW 40TH PLACE
(Address)

CAPE CORAL, FL. 33993
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID DHONDY at (239) 707 2027
(Name of Person) (Area Code & Daytime Telephone Number)

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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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SHARON LOWE ANESTHESIA LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/26/06 and assigned
document number LO6000122009

SECOND: This amendment is submitted to amend the following:

PLEASE MAKE THE OWNER (OR
SHARON A. LOWE. & REMOVE HER NAME
AS THE REGISTERED AGENT. ALSO
REMOVE DAVID DHONDT AS MGR. AND
MAKE HIM THE REGISTERED AGENT. I AM
FAMILIAR WITH THE DUTIES, HAVE YOU
AND EXCEPT THEM. DAVID DHONDT 11/01/07
1006 NW 40th Place Cape Coral, FL 33993

Dated 1/2/2007

Sharon A. Lowe

Signature of a member or authorized representative of a member

SHARON A. LOWE

Typed or printed name of signee

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