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EXAMINER



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08 JUL 23 AMII: I

FILED SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

SUBJECT: Terry B	lankenship CRNA L	LC ited Liability Company)	
	Amendment and fee(s) are sub	-	
	Terry Blankenship		
		(Name of Person)	
	Terry Blankenship CRNA	ALLC	
		(Firm/Company)	······
	2317 Crescent Rd.		
		(Address)	
	Navarre, FL. 32566		
	· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Terry Blankenship		at (850) 499-0236	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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:

TO:

Registration Section
Division of Corporations

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



08 JUL 23 AMII: 13

Terry Blankenship CRNA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 01/02/2007	and assigned
Florida document number L0700000448		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
Terry Blankenship LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2317 Crescent Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Navarre, FL. 32566	
Enter new mailing address, if applicable:	2317 Crescent Rd.	
(Mailing address MAY BE A POST OFFICE BOX)	Navarre, FL. 32566	······································
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florid	a street address)
	_ 1	Florida
	(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Katrina Blankenship	2317 Crescent Rd. Navarre, FL. 32566	Add Remove
			
			– n
			
			
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, i	if necessary.)
_			
Dated July,	19 ,	2008	

Typed or printed name of signee
Page 2 of 2

Terry Blankenship

Filing Fee: \$25.00