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PICK-UP	☐ WAIT	MAIL
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# **COVER LETTER**

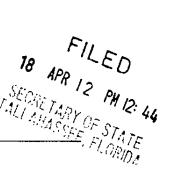
TO: Registration Section Division of Corporations
SUBJECT: HEARTIAND ANESTHESIA, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Risi Name of Person
HEART AND ANESTNESIA, LLC Firm/Company
19543 S.W. 39th St. Address
MILAMAR, FL. 33029  City/State and Zip Code  RIGI, ELIZABETHEO GMAL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Electron Right at (954) 401 -4945  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status 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



Zip Code

(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	y were filed on Macch 21, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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 or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage,  $\underline{enter}$  the title, name, and address of each person being added  $\underline{or}$  removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Mirmi, Fr. 33186	Remove
			☐ Change
NORM	HADDAD, JUAN M.D.	14221 Sw. 120th St, soite:	226□ Add
		Miani, Fr. 33186	Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more lote:  If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of
Pated $4/5/2018$	
The 90th day after the record is filed.  Pated 4/5/2018  Signature of a member or authorized representative of	a member
,	

Page 3 of 3

Filing Fee: \$25.00