

LOF0000 12906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100271580871

04/10/15--01025--021 \*\*30.00

FILED  
15 MAY -5 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2015

MARJOE TURK  
9936 TURTLE BAY CT  
ORLANDO, FL 32832

SUBJECT: PREMIUM ANESTHESIA CARE, LLC  
Ref. Number: L08000012906

RECEIVED  
15 MAY -6 3:10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for PREMIUM ANESTHESIA CARE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 015A00008313

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PREMIUM ANESTHESIA CARE  
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:

MAROJE TURK

Name of Person

RELIANCE ANESTHESIA PARTNERS

Firm/Company

9936 TURTLE BAY CT

Address

ORLANDO, FL 32832

City/State and Zip Code

marojet@gmail.com

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

For further information concerning this matter, please call:

MAROJE TURK

Name of Person

at (407) 249-3926

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

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

PREMIUM ANESTHESIA CARE

(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 FEBRUARY 5<sup>th</sup> 2008 and assigned  
Florida document number L080000012906 2/5/2008

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RELIANCE ANESTHESIA PARTNERS, LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

15 MAY - 5 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, 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.

N/A  
**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>
N/A			<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
			<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

4/6/2015



Signature of a member or authorized representative of a member

MAROJE A. TURK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 MAY -5 AM 7:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA