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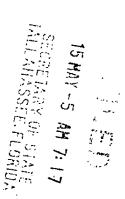
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Certified Copies	Certificate	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

MARJOE TURK 9936 TURTLE BAY CT ORLANDO, FL 32832

SUBJECT: PREMIUM ANESTHESIA CARE, LLC

Ref. Number: L08000012906

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 LÉTTER

TO: Registration Sect Division of Corpo			
SUBJECT: PRE	MIUM ANESI Name of Limi	THESIA CA	RE
The enclosed Articles of A	mendment and fee(s) are subi	nitted for filing	
Please return all correspond	dence concerning this matter	to the following:	
	MAROJE	TURK Name of Person	
NEW ->			14 PARTWERS
	9936 T	ORTLE BA	<u> </u>
	ORCAA Maro E-mail address (A	City/State and Zip Code ict © 9 m o o be used for future about report i	il, coun
For further information cor	ncerning this matter, please co	all:	
MAROJE	TURK	at (407) 749 Area Code Day	7-3926
Chame of I	erson	Area Code Day	time Telephone Number
Enclosed is a check for the	•		
□ \$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

PREHIUH A	NESTHESIA CARE
(Name of the Limited Liabil	ity Company as it now appears on our records.)
The Articles of Organization for this Limited Liability (Company were filed on FEBRUARY and assigned
Florida document number <u>L080000129</u>	Company were filed on FEBRUARY and assigned 2/5/2008
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
RELIANCE ANE 57. The new name must be distinguishable and end with the words "Li	HESIA PARTNERS ILC imited 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 ADD.	RESS) N/4
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/4
B. If amending the registered agent and/or registered agent and/or the new registered office ador	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	The second secon
Name of New Posistered Agent:	75 6 6
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
,	Enter Florida Street dadress
	, Florida
N. D. Lee J. M. C. Lee School Decision	
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and of	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is
	red office address, I hereby confirm that the limited liability
	If Changing Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> N/A</u>			Add
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		date of filing: (optional) ot be prior to date of receipt or filed date and cannot be more than 90 days after
	his document is filed by the Flo	orida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE