

# L11000056952

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 078666002140  
Phone : (727) 461-1818  
Fax Number : (727) 441-8617

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: endomitoh3@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SERENITY ANESTHESIA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2017 SEP -5 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 SEP -5 AM 9:53  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Serenity 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:

Lori L. Ammons

Name of Person

Johnson Pope

Firm/Company

333 Third Avenue North, Suite 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

endomitch3@yahoo.com

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

For further information concerning this matter, please call:

Lori L. Ammons

727

483-569-85

at ( )

Name of Person

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

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

SERENITY ANESTHESIA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 SEP -5 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 13, 2011 and assigned  
Florida document number 111000056052.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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:

New Registered Office Address:

Enter Florida street address

City, Florida, 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 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.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Ramon Colina	2800 Bahia Vista Street, Suite 300	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	K.R. Byju	2401 University Parkway	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Sarasota, FL 34243	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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STATE OF NEW YORK  
DEPT. OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 3 2017

Lee S. Mitchell

Signature of a member or authorized representative of a member

Lee S. Mitchell

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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