

L12000158430

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

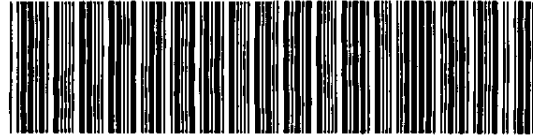
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC -5 P 12:25

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D. BRUCE
DEC 07 2016

BITTINGER

Law Firm
Health Care Law

13500 SUTTON PARK DRIVE SOUTH, SUITE 201
JACKSONVILLE, FL 32224

ANN M. BITTINGER
ann@bittingerlaw.com
☎ (904) 821-9000
Fax: (904) 821-9400

December 1, 2016

Deborah Bruce
Divisions of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sunbelt Anesthesia Services, LLC

Dear Ms. Bruce:

Please find enclosed the signed Articles of Amendment for Sunbelt Anesthesia Services, LLC. We inadvertently sent the enclosed document without an authorized representative's signature. A check in the amount of \$25.00 was also previously sent.

Sincerely,

Ann Bittinger
Ann M. Bittinger
Principal Shareholder and Attorney
The Bittinger Law Firm

RECEIVED
2016 DEC -5 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 DEC -5 P 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2016

ANN BITTINGER
THE BITTINGER LAW FIRM
13500 SUTTON PARK DR. S. SUITE 201
JACKSONVILLE, FL 32224

SUBJECT: SUNBELT ANESTHESIA SERVICES, LLC
Ref. Number: L12000158430

We have received your document for SUNBELT ANESTHESIA SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00023995

2016 DEC -5 P 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNBELT ANESTHESIA SERVICES, 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:

Ann Bittinger

Name of Person

The Bittinger Law Firm

Firm/Company

13500 Sutton Park Dr. S. Suite 201

Address

Jacksonville, FL 32224

City/State and Zip Code

ann@bittingerlaw.com

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

For further information concerning this matter, please call:

Ann Bittinger

904 821-9000
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC -5 P 12:25

FILED

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

SUNBELT ANESTHESIA SERVICES, LLC

(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 12/19/2012 and assigned
Florida document number L12000158430.

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 "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 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: Ann Bittinger

New Registered Office Address: 13500 Sutton Park Dr. S. Suite 201

Enter Florida street address

Jacksonville, 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 605, F.S. 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
 2016 DEC -5 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

2018 DEC -5 P
SECRETARY OF
TALLAHASSEE, FL

FILED
2018 DEC -5 P 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature of a member or authorized representative of a member

Cameron Eushenberg 12/1/16
Typed or printed name of signee