

LI2000160745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

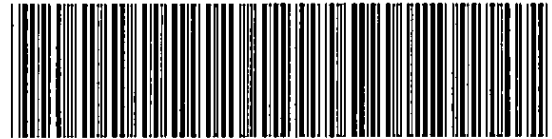
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y. SCOTT

JUN 24 2023





FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2023

CATHERINE MORRISSEY
138 CASTLEROCK DR.
ASHEVILLE, NC 28806

SUBJECT: MORRISSEY ANESTHESIA LLC
Ref. Number: L12000160745

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

The specific purpose of the entity must be set forth in the document.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 523A00011436

6-15-23

To Whom it may concern:

My application for my business name change was returned due to "specific purpose of entity" was not included. I filled out the form you instructed me to fill out for just a name change only. The purpose of the entity is still the same.

Morrissey Anesthesia LLC provides anesthesia services to hospitals and outpatient surgery centers. The name change to Morrissey Anesthesia PLLC will provide the same services ... anesthesia to hospitals and outpatient surgery centers.

Thank you

Catherine Morrissey

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UNITED STATES
DEPARTMENT OF JUSTICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morrissey 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:

Catherine Morrissey
Name of Person

Morrissey Anesthesia PLLC
Firm/Company

138 Castlerock Dr
Address

Asheville, NC 28806
City/State and Zip Code

morcat28@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Morrissey at (352) 895-5457
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Morrissey Anesthesia 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 Dec. 27 2012 and assigned
Florida document number L12000160745.

This amendment is submitted to amend the following:

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

Morrissey Anesthesia PLLC
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)

275 SW 73rd St
Ocala, FL 34476

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

138 Castlerock Dr
Asheville, NC 28806

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:

Catherine Morrissey

New Registered Office Address:

275 SW 73rd St

Enter Florida street address

Ocala

City

Florida

34476

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.

Catherine Morrissey

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

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SECRETARY 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 March 26, 2023.

Catherine Morrissey

Signature of a member or authorized representative of a member

Catherine Morrissey

Typed or printed name of signee