

7/17 JUL 17, 2015 3:44 PM JONES FOSTER 561 650 6333 NO. 3811 P.  
**L13000051599**

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 : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561)650-0471  
Fax Number : (561)650-5300

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

Email Address: jfservice@jonesfooster.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAVEN ANESTHESIA, LLC**

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JUL 17 2015 3:15PM

JONES FOSTER 561 650 0435

NO. 3861 P. 2

H15000174547 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAVEN 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:

BRIAN D. KENNEDY, ESQ.

Name of Person

JONES FOSTER JOHNSTON & STUBBS, P.A.

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

btgastro@gmail.com

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

For further information concerning this matter, please call:

BRIAN D. KENNEDY

Name of Person

561

at ( )

Area Code

659-3000

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  
Citizen Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H15000174547 3

JUL 17 2015 3:15PM

JONES FOSTER 561 650 0435

NO. 3861745 P. 3

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

RAVEN 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 04/08/2013 and assigned  
Florida document number L13000051599.

This amendment is submitted to amend the following:

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

RAVEN MEDICAL ASSOCIATES, LLC

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:

JONES FOSTER SERVICE, LLC

New Registered Office Address:

505 SOUTH FLAGLER DRIVE, SUITE 1100

Enter Florida street address

WEST PALM BEACH

City

Florida 33401

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.*

 , Manager  
If Changing Registered Agent, Signature of New Registered Agent

JUL 17 2015 3:15PM

JONES FOSTER 561 650 0435

NO. 3861 P. 4

H15000174547 3

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>
P	KRISHNA TRIPURANENI	1157 SOUTH STATE ROAD 7	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The K.T. Family Limited Partners	1157 SOUTH STATE ROAD 7	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lawrence Rothenberg, MD	1157 SOUTH STATE ROAD 7	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Lawrence Rothenberg, MD	1157 SOUTH STATE ROAD 7	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUL. 17. 2015 3:16PM

JONES FOSTER 561 650 0435

NO. 3861 P. 5

H15000174547 3

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)  
(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 on the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY, 17<sup>th</sup> 2015

Signature of a member or authorized representative of a member

Nirmala Tripuraneni, Pres. of K.T. Family, LLC, GP of The K.T Family Limited Partnership

Typed or printed name of signee