

**L14 0000 71965**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

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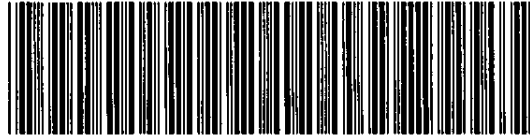
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMBULATORY ANESTHESIA CONSULTANTS, PLLC**

\_\_\_\_\_  
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:

**THOMAS B. WHALEN, M.D.**

\_\_\_\_\_  
Name of Person

**AMBULATORY ANESTHESIA CONSULTANTS, PLLC**

\_\_\_\_\_  
Firm/Company

**5120 NW 67TH ST**

\_\_\_\_\_  
Address

**GAINESVILLE, FL 32653-3949**

\_\_\_\_\_  
City/State and Zip Code

**TWHALENMD@GMAIL.COM**

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

For further information concerning this matter, please call:

**THOMAS B. WHALEN, M.D.**

**352 672-8023**

\_\_\_\_\_  
Name of Person

at ( )  
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

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

**AMBULATORY ANESTHESIA CONSULTANTS, PLLC**

(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 02/24/2014 and assigned  
Florida document number L14000031965.

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 end with 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)

5120 NW 67TH ST

GAINESVILLE, FL 32653-3949

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5120 NW 67TH ST

GAINESVILLE, FL 32653-3949

**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:

5120 NW 67TH ST

*Enter Florida street address*

GAINESVILLE

*City*

, Florida 32653-3949

*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**

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Whalen, Thomas B, M.D.	8606 SW 40TH AVENUE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32608-8698	<input checked="" type="checkbox"/> Remove
MGR	Whalen, Thomas B, M.D.	5120 NW 67TH ST	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32653-3949	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

AMEND Article III to the following:

The Company is organized to provide medical, consulting, and other related services, and to transact any related lawful business for which a professional limited liability company may be organized under the laws of the State of Florida.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 13, 2015

*T. Whalen*

Signature of a member or authorized representative of a member

THOMAS B. WHALEN, M.D. MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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