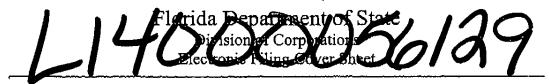
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Division of Corporations



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(((H17000009042 3)))



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From:

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Account Number : 076666003611 Phone : (941)748-0100

Fax Number

: (941)748-0100 : (941)745-2093

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

Email Address: EPennington @Blalock Walters. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRH ANESTHESIA OF SARASOTA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H17000009042 3)))

CRH ANESTHESIA OF SARASOTA, I	LC			
(Name of the Limited Lis (A Flo	bility Compa orlda Limited I	ny <mark>as it now appears on our re</mark> Liability Company)	cordş.)	
The Articles of Organization for this Limited Liabilit	y Company	were filed on04/07/2014	and assigned	٠
Florida document number L14000056129	<del>.</del>			
This amendment is submitted to amend the following	3:			
A. If amending name, evter the new name of the	limited liab	ility company here:		
CRH ANESTHESIA OF FLORIDA, LLC				_
The new name must be distinguishable and contain the words "	Limited Liabil	lity Company," the designation "		_
Enter new principal offices address, if applicable:		227 Bellevue Way NE		Εŧ
(Principal office address MUST BE A STREET AL	DRESS)	#188		
		Bellevue, WA 98004	2 5 T	
Enter new mailing address, if applicable:		227 Bellevue Way NE		
(Mailing address MAY BE A POST OFFICE BOX)		#188		
	<b></b>	Bellevue, WA 98004		_
B. If amending the registered agent and/or registered agent and/or the new registered office and agent agent and agent agent agent and agent		<b>e:</b>	ords, enter the name of the	<u>деч</u>
Hame of New Registered Agent.				
New Registered Office Address: 80	2 11th Street	: West Enter Florida street as	J.J.	_
		Enter Linnan straet at		
<u></u>	radenton	City	, Florida 34205 Zip Code	_
New Registered Agent's Signature if changing Regist	tanad Amonto	•	Zip Code	

## New Registered Agent's Signature, it 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

(((H17000009042 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>	Address	Type of Action
MGR	Edward Wright	227 Bellevue Way NE	■ Add
		#188	
		Bellevue, WA 98004	Change
MGR	Jay Kreger	227 Bellevue Way NE	# Add
		#188	□ Remove
		Bellevue, WA 98004	☐ Change
			Add
			☐ Remove
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The 90th day after the record	is filed.				
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Sign	ature of a member or sut	horized represent the	of a member		
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