

1/10/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1400056129

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(((H17000009042 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (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@BlalockWalters.com

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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JAN 11 2017

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

(((H17000009042 3)))

CRH ANESTHESIA OF SARASOTA, 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 04/07/2014 and assigned
Florida document number L14000056129

This amendment is submitted to amend the following:

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

CRH ANESTHESIA OF FLORIDA, 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)

227 Bellevue Way NE#188Bellevue, WA 98004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

227 Bellevue Way NE#188Bellevue, WA 98004

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:Blalock Walters, P.A.New Registered Office Address:802 11th Street West*Enter Florida street address*Bradenton*City*Florida 34205*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

(((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>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward Wright	227 Bellevue Way NE	<input checked="" type="checkbox"/> Add
		#188	<input type="checkbox"/> Remove
		Bellevue, WA 98004	<input type="checkbox"/> Change
MGR	Jay Kreger	227 Bellevue Way NE	<input checked="" type="checkbox"/> Add
		#188	<input type="checkbox"/> Remove
		Bellevue, WA 98004	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)(((H17000009042 3)))

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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 January 10

2017

Signature of a member or authorized representative of a member

Jason H. Levy, as authorized representative
Typed or printed name of signee

Typed or printed name of signee