

10/04/2019
10/4/2019

09:00 Blalock Walters

07/09/17/2093

P.001,004

L14 000056129

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H19000295712 3)))



H190002957123ABC3

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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: JLewy@BlalockWalters.com

SECRETARY OF STATE
TALLAHASSEE, FL

2019 OCT -4 AM 11:52

FILED

2019 OCT -4 AM 9:18

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

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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N CULLIGAN

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

(((H19000295712 3)))

CRH ANESTHESIA OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 OCT -4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on April 7, 2014

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:

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:New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

(((H19000295712 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 | <input type="checkbox"/> Add |
| | | #188 | <input checked="" type="checkbox"/> Remove |
| | | BELLEVUE WA 98004 | <input type="checkbox"/> Change |
| MGR | TUSHAR RAMANI, M.D. | 1100 BELLEVUE WAY NE | <input checked="" type="checkbox"/> Add |
| | | SUITE 8A #188 | <input type="checkbox"/> Remove |
| | | BELLEVUE, WA 98004 US | <input type="checkbox"/> Change |
| MGR | RICHARD BEAR | 1100 BELLEVUE WAY NE | <input type="checkbox"/> Add |
| | | SUITE 8A #188 | <input type="checkbox"/> Remove |
| | | BELLEVUE, WA 98004 US | <input checked="" type="checkbox"/> Change |
| MGR | JAY KREGER | 1100 BELLEVUE WAY NE | <input type="checkbox"/> Add |
| | | SUITE 8A #188 | <input type="checkbox"/> Remove |
| | | BELLEVUE, WA 98004 US | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H19000295712 3)))

2019 OCT -4 AM 11: 52
SELETTA V'S STATE
TALLAHASSEE, FL

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 October 4 2019

Signature of a member or authorized representative of a member

Jason Levy, Esq., Authorized Representative

Typed or printed name of signee