

L14 000 056129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

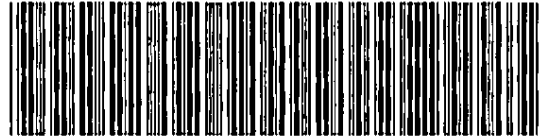
(Document Number)

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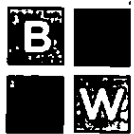


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22 SEP - 6 PM 3:32

Division of Court Operations



**BLALOCK
WALTERS**

ATTORNEYS AT LAW

WE MAKE A DIFFERENCE

September 1, 2022

Via Federal Express

Division of Corporations
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

RE: Articles of Amendment for CRH Anesthesia of Florida, LLC
File No: 38148.001

Dear Sir or Madam:

Enclosed please find original and one copy of Articles of Amendment for CRH Anesthesia of Florida, LLC, Florida document number L14000045129, together with our firm check for the amount of \$25.00 for the filing fee. Please return the copy of the filed Amendment to me in the enclosed self-addressed, postage-paid envelope.

Please call me at 941.749.6931 or email me at the email address below with any questions.

Sincerely,

Sarah J. Orendorff
Florida Registered Paralegal

Enclosures

22 SEP - 6 PM 3:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRH ANESTHESIA OF FLORIDA, 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:

Sarah Orendorff

Name of Person

Blalock Walters, P.A.

Firm/Company

2 N. Tamiami Trail, Suite 400

Address

Sarasota, FL 34236

City/State and Zip Code

sorendorff@blalockwalters.com

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

For further information concerning this matter, please call:

Sarah Orendorff

941 749-6931
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP -6 PM 3:32

RECEIVED
DIVISION OF CORPORATIONS
SEP 22 1996

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

CRH ANESTHESIA OF FLORIDA, 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 April 5, 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:

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) _____

22 SEP - 6 PM 3:32
CLERK OF CIRCUIT COURT
CLERK OF CIRCUIT COURT
CLERK OF CIRCUIT COURT

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

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	RICHARD BEAR	1100 Bellevue Way NE, Suite 8A #188, Bellevue, WA	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMANTHA HYSTAD		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP - 6 PM 3:32
RECEIVED BY CO-ORDINATOR

22 SEP -6 PM 3:32

22 SEP -16 PM 3:32

1984-1985

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.

Dated September 2 2022

Sarah Orentlich
Signature of a member or authorized representative of a member

Typed or printed name of signee