

L14000110189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

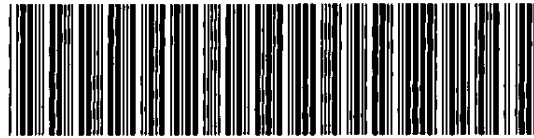
(Business Entity Name)

(Document Number)

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16 DEC 21 PM 2:10

DIVISION OF CORPORATIONS


NOTARY PUBLIC  
TO FORA OFFICE  
SUFFICIENCY OF FILING



O SIMMONS

DEC 22 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 432720 7509084  
AUTHORIZATION :   
COST LIMIT : \$30.00

ORDER DATE : December 21, 2016  
ORDER TIME : 12:17 PM  
ORDER NO. : 432720-005  
CUSTOMER NO: 7509084

DOMESTIC AMENDMENT FILING

NAME: BLANCA PEAK EMERGENCY  
PHYSICIANS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blanca Peak Emergency Physicians, 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:

AbbyMarie R. Harris - Legal Dept.

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

Envision Healthcare

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

6363 S. Fiddlers Green Circle, 14th Floor

\_\_\_\_\_  
Address

Greenwood Village, Colorado 80111

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

AbbyMarie.Rohr@evhc.net

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

For further information concerning this matter, please call:

AbbyMarie R. Harris

303 334-2515  
at ( )

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

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**

Blanca Peak Emergency Physicians, 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 July 11, 2014 and assigned Florida document number 300259469523.

This amendment is submitted to amend the following:

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

Blanca Peak Inpatient Services, 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:**

6363 S. Fiddlers Green Circle

**(Principal office address MUST BE A STREET ADDRESS)**

14th Floor

Greenwood Village, Colorado 80111

**Enter new mailing address, if applicable:**

c/o Legal Dept., 6363 S. Fiddlers Green Circle

**(Mailing address MAY BE A POST OFFICE BOX)**

14th Floor

Greenwood Village, Colorado 80111

**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

City, Florida

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**

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DIVISION OF REVENUE  
TAMPA, FLORIDA

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	Douglas Smith, M.D.	6363 S. Fiddlers Green Circle	<input type="checkbox"/> Add
		14th Floor	<input type="checkbox"/> Remove
		Greenwood Village, CO 80111	<input checked="" type="checkbox"/> Change
AMBR	Florida IPS Medical Services, LLC	6363 S. Fiddlers Green Circle	<input type="checkbox"/> Add
		14th Floor	<input type="checkbox"/> Remove
		Greenwood Village, CO 80111	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Blank lined area for notes.

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U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

**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 December 20, 2016

Signature of a member

Signature of a member or authorized representative of a member

Craig A. Wilson, Secretary of Authorized Member, Florida IPS Medical Services, LLC

Typed or printed name of signee