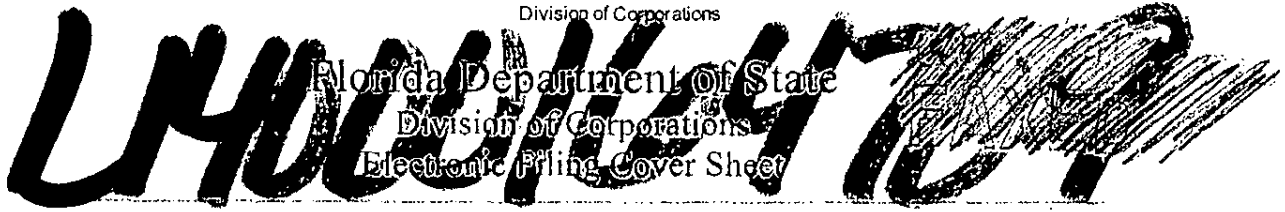


2/23/2015

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000046864 3)))



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Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
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****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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAKEWOOD AMBULATORY ANESTHESIA, PLLC**

Certificate of Status	0
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BLALOCK WALTERS
2/25/2015 12:49:53 PM PAGE 1/001

Fax Server 002/005



February 25, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAKEWOOD AMBULATORY ANESTHESIA, PLLC
206 SECOND STREET EAST
BRADENTON, FL 34203US

SUBJECT: LAKEWOOD AMBULATORY ANESTHESIA, PLLC
REF: L14000164709

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000046864
Letter Number: 015AD0003949

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INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

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

Lakewood Ambulatory Anesthesia, PLLC

(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 10/22/2014 and assigned
Florida document number L14000164709.

This amendment is submitted to amend the following:

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

Lakewood Specialty Anesthesia, PLLC

The new name must be distinguishable and end with 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

City

Florida

Zip Code

FILED
2015 FEB 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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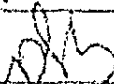
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CLERK OF SUPERIOR COURT
ALABAMA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 21, 2015



Signature of a member or authorized representative of a member

Barry L. Severs, Manager

Typed or printed name of signer

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