

10/07/2019

17:57 Blalock Walters

(F)0941745208

P.001/004

10/7/2019

Division of Corporations

(((H19000298490 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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:

JLery @Blalockwalters.com

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT 09 2019

Electronic Filing Menu

Corporate Filing Menu

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2019 OCT -9 PM 5:19

2019 OCT -9 AM 8:19

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

CRH ANESTHESIA OF GAINESVILLE, 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 OCTOBER 31, 2014 and assigned
Florida document number L14000170115.

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)

1100 BELLEVUE WAY NE

SUITE 8A #188

BELLEVUE, WA 98004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1100 BELLEVUE WAY NE

SUITE 8A #188

BELLEVUE, 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:

2 North Tamiami Trail, Suite 400

Enter Florida street address

Sarasota

Florida 34236

Zip Code

City

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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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>
AR	RICHARD BEAR	227 Bellevue Way NE	<input type="checkbox"/> Add
		#188	<input checked="" type="checkbox"/> Remove
		Bellevue, WA 98004	<input type="checkbox"/> Change
MGR	RICHARD BEAR	1100 BELLEVUE WAY NE	<input checked="" type="checkbox"/> Add
		SUITE 8A #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"/> Change

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

2000-01-01

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 7, 2019

Signature of a member or authorized representative of a member

JASON LEVY, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer