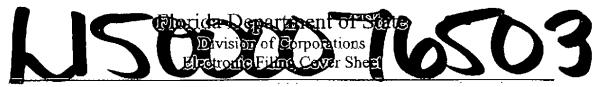
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002030363)))



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Doing so will generate another cover sheet.

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: rzakpuga@ tampabay.rr.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANESTHESIA SERVICES OF MANATEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

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Electronic Filing Menu

Corporate Filing Menu

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Fax Audit # (((H19000203036 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ancethesia Services of Manatec LLC						
(Name of the Limited Liability Comp (A Florida Limited)	pany as it now appears of d Liability Company)	p our records.)				
The Articles of Organization for this Limited Liability Coropan Florida document number L15000076503	ıy were filed on 04/30/	/2015	_ and assign	ned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited list	ibility company here	<u>.</u>				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	gnation "LLC" or the abbr	eviation "L.L.	C."		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
	<u></u>	-	2019			
Enter new mailing address, if applicable:				2		
(Mailing address MAY BE A POST OFFICE BOX)			- 2			
		· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registered		nur records, enter t	he name of	(the ne		
registered agent and/or the new registered office address h	<u>ere</u> :		; 3			
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida	a street address				
		. Florida				
	City		Zip Code			
New Registered Agent's Signature, if changing Registered Age	<u>ņt:</u>					

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 abligations 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

Page 1 of 3

Fax Audit # (((H19000203036 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>	Type of Action
MGR	Bruce W. Trotman, M.D.	5715 21st Ave W	
			Add
		Bradenton, FL 34209	
			Remove
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Page 3 of 3

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