

L15000076648

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((F15000149269 3)))



H150001492693ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
 Account Number : 120010000062
 Phone : (323) 962-8600
 Fax Number : (323) 962-3889

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2015 JUN 17 AM 9:06
 FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAYSIDE ANESTHESIA GROUP, PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 JUN 17 PM 4:51
 RECEIVED

JUN 18 2015

Y SULKER

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayside Anesthesia Group, PLLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

ljmatar@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323 962-8600 ext 7950
at () Daytime Telephone Number

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

Bayside Anesthesia Group, 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 04/30/2015 and assigned Florida document number L15000076648

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 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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

RECEIVED
 2015 JUN 17 AM 08:08
 FEDERAL RESERVE BANK OF PHOENIX
 PHOENIX, AZ 85001

FILED

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

Article III. Please amend other provisions to: Medical

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 June 15, 2015

Linda Matar

Signature of a member or authorized representative of a member

Linda Matar

Typed or printed name of signer

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2015 JUN 17 AM 9 06

FILED