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T. MATTHEWS MAY -5 2022

COVER LETTER

TO: Registration Section

Division of Corporations Sarasota Vascular Leasing LLC SUBJECT: 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: Deepak Nair, MD Name of Person Sarasota Vascular Leasing LLC Firm/Company 600 North Cattlemen Rd, Ste 220 Address Sarasota FL 34232 City/State and Zip Code accounting@veinsandarteries.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 371-6565 Ext 2055 Martha Judson Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED STATE OF SECRETARY OF STATE OF CORPORATIONS.

Sarasota Vascular Leasing LLC

22,APR 14 PH 1: 34

(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 $\frac{9/24/2015}{1}$ and assigned Florida document number _L15000163656 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) 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:

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.

City

If Changing	Registered Ag	ent. Signatur	e of New Res	gistered Agent

Enter Florida street address

, 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>	Address	Type of Action
Mgr	Jason Wagner, MD	600 N. Cattlemen Rd, Ste 220	≣ Add
		Sarasota FL 34232	□Remove
			☐ Change
			□Remove
			□ Change
			□Remove
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			□Remove
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Effectiv	e date, if other than the date of filing: (optional)
(If an effe	stive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the record cord is file	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 d.
Dated _	1arch 31st 2022
	Signature of a member or authorized representative of a member
	Deepak G. Nair, MD
	Typed or printed name of signee