L 15000206356

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K.SALY EXAMINER DEU 3 0 2015

COVER LETTER

TO: Registration Se Division of Cor			,
TAYLOF SUBJECT:	R ANESTHESIA SERVIC	CES LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	134 VINTAGE PARK	K BLVD A-50	
		Address	
	HOUSTON TX 7707	0	
	MARSHA@INCFILE	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information o	concerning this matter, please ca	all:	
MARSHA SIHA		888 462-3453	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

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TAYLOR ANESTHESIA SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _____L15000206356 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." 4515 WILLARD AVENUE APT 2418-S Enter new principal offices address, if applicable: CHEVY CHASE, MD 20815 (Principal office address MUST BE A STREET ADDRESS) 4515 WILLARD AVENUE APT 2418-S Enter new mailing address, if applicable: CHEVY CHASE, MD 20815 (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 _, 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.

Citv

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 = MAMBR = M	Manager Authorized Member	FILED	; '
<u>Title</u>	<u>Name</u>	Address 2015 DEC 28 AM II.	Type of Action 48
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te effective date must be specific, cannot be p the date this document is filed by the Florida D	of filing:(optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)

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Filing Fee: \$25.00