LIG 500 130818

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600288310916

07/27/16--01009--004 **25.00

FILED

**B JUL 27 MH 8: 2:

SECRETARY OF STATE

TAIL AHASSEE ELOSINA

aldro

Salter - Feiber

ATTORNEYS AT LAW

3940 NW 16th Boulevard, Bldg. B Gainesville, Florida 32605

P.O. Box 357399 Gainesville, Florida 32635

T: 352.376.8201 F: 352.376.7996 www.salterlaw.net

STAR M. SANSONE LL.M. in Taxation stars@salterlaw.net

July 25, 2016

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Articles of Amendment to the Articles of Organization of Innovative Anesthetics, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of the above mentioned entity, along with our firm check in the amount of \$25.00 for the filing fees. Once filed, please forward the documents to our office.

Sincerely,

Objected for Start. Sanowell
Start M. Sansone

SMS:mh

cc: Gary Altschuler

FILE D

SECRETARY OF STATE
ALLAHASSEE FLOORS

COVER LETTER

Division of Co	rporations				
Innovative SUBJECT:	Anesthetics, LLC				
SUBJECT:	Name of Lim				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Star M. Sansone				
		Name of Person			
	Salter Fiber, P.A.				
	3940 N.W. 16th Blvd., Blo				
	Gainesville, FL 32605			TALL SECO	
		City/State and Zip Code			П
	draltschuler@altschulercen			27 ARY SSS	
		to be used for future annual report notifi	cation)	OF S	
For further information of	concerning this matter, please c	all:		A STA	_
Star M. Sansone		352 376-8201 at (€ 73 105 105 105 105 105 105 105 105 105 105	
Name o	of Person		Telephone Number	<u>-</u> _	
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)	Certified C	of Status &	
MAII	INC ADDDESS.	CTDEET/COURTE	ED ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Innovative Anesthetics, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	·ds.)
The Articles of Organization for this Limited Liability C	Company were filed on 07/11/2016	and assigned
Florida document number L16000130818	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
	<u> </u>	- E T
		超~
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		0 P P
		DA 23
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		florida
	City	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 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
AMBR	Alexander Oliferenko	11518 16th Avenue	
		Gainesville, FL 32606	_□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Aḍd
			□ Remove
			Change
<u>_</u>			ALLAH T
			2 Remover
		***************************************	FLOOTE CONTINUE 22
	· · · · · · · · · · · · · · · · · · ·		DX 23
			□ Remove
	·		☐ Change
			Add
			□ Remove
			☐ Change

		•						
								
								
								_
							· · · · · · · · · · · · · · · · · · ·	_
								
								_
 							<u></u>	_
							TATE OBS	5 5
							A TO	JUL 2
					. , , , , , , , , , , , , , , , , , , ,		SSE	27
							中分	圣
						-		- <u>8</u> . 2
Offective date, if ot	her than the	date of filing	5 :			(optional)	I»	23
f an effective date is list Note: If the date inse document's effective	ed, the date must erted in this blo	t be specific and ock does not n	cannot be prioneet the appli	r to date of filing cable statutory i	or more than 90 day	s after filing.)	Pursuant to (vill not be l	605.020 listed a
			ate, but n	ot an effectiv	ve time, at 12	:01 a.m. c	on the ea	rlier d
				,				
The 90th day at	, 24		<u>201</u>	<u>e</u> .				
ne record specifie The 90th day at Dated	<u> </u>		Wood	2				
The 90th day at	<u> </u>	Signature of a i	Wood	2	ative of a member			

Page 3 of 3

Filing Fee: \$25.00