

L17000 140680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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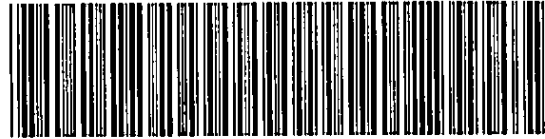
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALL ANDERSON

Amend

FEB 11 2020
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TSC Anesthesia, LLC

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:

Yadira Pereiro

Name of Person

John G. Vega, PA

Firm/Company

2666 Airport Road South

Address

Naples, FL 34112

City/State and Zip Code

vegaoffice@gate.net

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

For further information concerning this matter, please call:

Yadira Pereiro

239

659-3251

at (_____) _____

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**

TSC Anesthesia, LLC

(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 06/27/2017 and assigned
Florida document number L17000140680.

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: _____

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 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>	<u>Type of Action</u>
MGR	Thomas Parent, MD	130 Tamiami Tr N., #210	<input type="checkbox"/> Add
		Naples, FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	F. Desmond Hussey, III, MD	130 Tamiami Tr N., #210	<input type="checkbox"/> Add
		Naples, FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John G. Vega	2666 Airport Road South	<input type="checkbox"/> Add
		Naples, FL 34112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sinan Gursoy, MD	130 Tamiami Tr N., #210	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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(If an effective 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)(b)

If the record 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 record is filed.

September 26, 2019


Signature of a member or authorized representative of a member

Typed or printed name of signee