117000182238

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2017 SEP 21 AM 8: 42

K. SALY SEP 22 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I200000	00195	
	REFERENCE	: 794312	8149304	
	AUTHORIZATION	Levels of	ned	
	COST LIMIT	: \$ 25.00		
			- -	 -
ORDER DATE :	September 1, 2017			
ORDER TIME :	3:08 PM			
ORDER NO. :	794312-010			
CUSTOMER NO:	8149304			
	DOMESTIC AM	ENDMENT FIL	<u>ING</u>	
NAME:	PALM DREAMS AN	ESTHESIA, L	LC	

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 SEP 21 AM 8: 42

SCHOOL AND STATE
ALLAHASSEE, FI ORIDA

-- A assigned

PALM DREAMS 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	and assigned and assigned	
Florida document number L17000182238			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8322 Mooring Circle		
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL		
Enter new mailing address, if applicable:	8322 Mooring Circle		
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, FL		
	33472		
registered agent and/or the new registered office address her Name of New Registered Agent:	e:		
New Registered Office Address:	Enter Florida street addres.	S	
	, Flo	, Florida Zip Code	
N P 4		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is	
WCho	nging Degistered Agent Signature	S Now Pagietowed Agant	

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>	Name	Address	Type of Action
AMBR	Glenn M Rubenstein	8322 Mooring Circle	□ Add
		Boynton Beach, FL	☐ Remove
		33472	■ Change
AMBR	Sherrie B Rubenstein	8322 Mooring Circle	
		Boynton Beach, FL	□ Remove
		33472	■ Change
			□ Remove
			□ Change
			28 Add SEP Remove
			Change C
			☐ Remove
			□ Change
			□ Add
			Chaman

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ı effeci	e date, if other than the date of filing: (optional) tive 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 605.6
<u>ste:</u> If cumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	and an artificial and allowed afficiative data. In a case of afficial time and 4 9 04 and a second state of the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliel Oth day after the record is filed.
The 9	Oth day after the record is filed.
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he 9	Oth day after the record is filed.
The 9	Oth day after the record is filed.
The 9	Sept 18 2017 Ham Mandaux

Page 3 of 3

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