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FEBOG 2020 CNACNAIR

Tallahassee, FL 32314

	legistration Sect Division of Corpo			
SUBJECT	Г:	Krause A	nosthesion of	Dervices LCC
		Name of Lim	ited Liability Company	· ·
		•		
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	20 Jin. 9
Please retu	ırıı all correspond	dence concerning this matter	to the following:	<u>ن</u> بر
		Deberah	Name of Person	<del></del>
		Krause K	Firm/Company	envice,
		6400 F	Royal Wood Address	Da.
		Fort n	Oyers 7. City/State and Zip Code	
			se Anesthesine	
For further	information con	cerning this matter, please ca	all:	
D.	eSorah Name of P	Krause	at ( <u>239</u> ) 3 Area Code E	13-9364 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address: egistration Sec	ction	Street Addre Registratio	<del></del>
	ivision of Cor		-	Corporations
	O. Box 6327	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORVICES

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Zip Code

Krause 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 10/30/2017 and assigned Florida document number L 17000774067
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:    RAUSE ANESTHESIA Services Please   The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."    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
Florido

## 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 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

Title	<u>Name</u>	Address	Type of Action
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