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COVER LETTER

elin rezer	Aether Anes	thesia LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspor	idence concerning this matter	to the following:	
		Christopher Lyndon Eddy		
			Name of Person	
		Aether Anesthesia LLC		
			Firm/Company	<u> </u>
		104 Sunset Court		
			Address	
		Ashland, KY 41101		
			City/State and Zip Code	
		c.lyndon.eddy@gmail.com		
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	formation co	ncerning this matter, please ca	all:	
Christopher	Lyndon Eddy	•	786 657-9077	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	: following amount:		
□ \$25.00 F	iling 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)

MAILING ADDRESS: Registration Section

TO:

Registration Section Division of Corporations

> 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

Aether Anesthesia LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	α m
The Articles of Organization for this Limited Liability Company Florida document number L18000013727	were filed on January 16th, 2018	Tand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	104 Sunset Court	
(Principal office address MUST BE A STREET ADDRESS)	Ashland, KY 41101	
Enter new mailing address, if applicable:	104 Sunset Court	
(Mailing address MAY BE A POST OFFICE BOX)	Ashland, KY 41101	·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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	Christopher Lyndon Eddy	104 Sunset Court Ashland, KY 41101	
			□ Remove
			■ Change
AMBR	Yessenia Espejo	104 Sunset Court Ashland, KY 41101	Add
			☐ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			∆dd
			□ Remove
			Change
			_ Add
			Remove
			Change

	\w
(If an e <u>Note:</u>	e date, if other than the date of filing:
f the re (b) The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dateo	October 30th 2019

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Typed or printed name of signee

Filing Fee: \$25.00