

218 0000 52549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

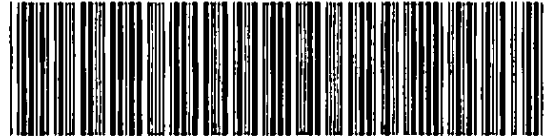
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2022 JAN 18 PM 12:24

C. BRUMBLEY
JAN 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EV ANATHESTHIA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan A Pizarro CPA

Name of Person

JPIZARS CPA & BUSINESS CONSULTANTS LLC

Firm/Company

1722 SHERIDAN ST # 365

Address

HOLLYWOOD FL 33020

City/State and Zip Code

JPIZARS@CPA.COM

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

For further information concerning this matter, please call:

Juan A Pizarro CPA

954

997-2545

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

RECEIVED

2022 JAN 18 AM 8:05

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: EV ANATHESTHIA LLC

SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L18000052599

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE CURRENT COMPANY NAME IS - EV ANATHESTHIA LLC -

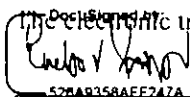
THE CORRECT NAME SHOULD READ • EV ANESTHESIA LLC •

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☒ The electronic transmission of the record was defective.


526A9358AEF247A

Signature of Authorized Representative

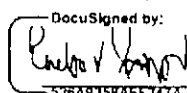
12/9/2021 | 4:55 PM EST

Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

DocuSigned by:

526A9358AEF247A

10/28/2021 | 8:13 PM EDT

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)