

L18000094663

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

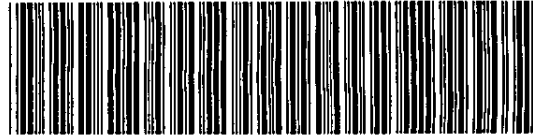
(Business Entity Name)

(Document Number)

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2019 APR 14 P 2:31
TALLAHASSEE, FLORIDA

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5/16/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2018

STEFANE D HIBDON
8506 CYPRESS HOLLOW CT
SANFORD, FL 32771

SUBJECT: HIBBY ANESTHESIA, LLC
Ref. Number: L18000094663

We have received your document for HIBBY ANESTHESIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 118A00008825

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2018 MAY 14 AM 10:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIBBY 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:

STEFANIE D. HIBDON
Name of Person

HIBBY ANESTHESIA LLC
Firm/Company

8506 Cypress Hollow Ct
Address

Sanford, FL 32771
City/State and Zip Code

SPMM1993@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefanie Hibdon at (321) 274-6178
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

DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

2018 APR 14 P 2:31

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HIBBY 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 04/16/2018 and assigned
Florida document number L18000094663

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HIBBY ANESTHESIA PLLC

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:

DANIEL S. Friebis

New Registered Office Address:

3890 Turtle Creek Dr. Suite B

Enter Florida street address

Port Orange

City

Florida

32127

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
JULIA KASSER, REC'D 10, 31

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FOR CRNA BUSINESS ONLY

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E. Effective date, if other than the date of filing: 05/01/2018 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 05/09/2018 12:00

Signature of a member or authorized representative of a member

Styanie H Brown
Typed or printed name of signee