

L19000082833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

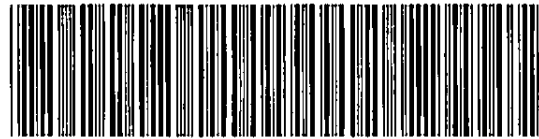
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FILED
TALLAHASSEE, FLORIDA

2024 AUG 21 AM 10:15

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2024 AUG 21 PM 3:12

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$60.00

AUTHORIZATION SIGNATURE: _____

CBJ Anesthesia, LLC

L19000082833

BUSINESS (Name)

Document #.

___ Walk in

___ Pick up time

___ Mail out

___ Will wait

___ Photocopy

X **Certified Copy**

X **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ CORP

___ LLLP

AMMENDMENTS

X **Amendment**

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissociation or Resignation

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Reinstatement

___ Trademark

___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CBJ 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:

CHARLES BARTHA JR.

Name of Person

CBJ ANESTHESIA, PLLC

Firm/Company

4214 NE 7TH TERRACE

Address

OAKLAND PARK, FL 33334

City/State and Zip Code

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

For further information concerning this matter, please call:

bartha.charles@gmail.com

917 748-7981
at ()

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 Address:

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

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

CBJ ANESTHESIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 AUG 21 AM 10:15

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/25/2019 and assigned
Florida document number L19000082833.

This amendment is submitted to amend the following:

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

CBJ 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:

N/A - NEW OFFICE ADDRESS ONLY

New Registered Office Address:

4214 NE 7TH TERRACE

Enter Florida street address

OAKLAND PARK

City

Florida 33334

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

[illegible]

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

ARTICLE VI: PURPOSE

THE PURPOSE OF THIS PROFESSIONAL LIMITED LIABILITY COMPANY IS TO PRACTICE THE
 PROFESSION OF PROFESSIONAL REGISTERED NURSING.

FILED
 2024 AUG 21 AM 10:15
 TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

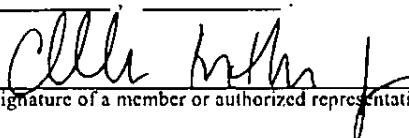
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 AUGUST 20

2024


 Signature of a member or authorized representative of a member

CHARLES BARTHIA JR.

Typed or printed name of signee

Filing Fee: \$25.00