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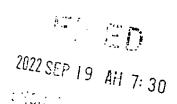
## **COVER LETTER**

TO:

	gistration Se vision of Cor			
SHB IEFT.		RIVER ANESTHESIA ASSO	OCIATES, LEC	
SUBJECT:		Name of Lim	ited Liability Company	······
The enclose	d Articles of	STAL RIVER ANESTHESIA ASSOCIATES, LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filling.  orrespondence concerning this matter to the following:  Sarah Orendorff  Name of Person  Bialock Walkers, P.A.  Funn/Company  2 N. Tamiami Trail, Suite 400  Address  Sarasota, FL 34236  City/State and Zip Code sorendorff@blalockwalters.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  Name of Person  at (1) 749-6931 Area Code  Daytine Telephone Number  Ek for the following amount:  Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)		
Please retur	n all correspo	indence concerning this matter	to the following:	
		Sarah Orendorff		
		-	Name of Person	
		Bialock Walters, P.A.		
			Firm/Company	
		2 N. Tamiami Trail, Suite	400	
		<del></del>	Address	
		Sarasota, FL 34236		
			City/State and Zip Code	
		<del>-</del>		
		E-mail address: (	to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please or	all:	
Sarah Orene	dorff			
	Name o	ť Person	Area Code Dayur	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>\$25.00</b> (	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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		orporations	Division of Co	
	D. Box 632		The Centre of	Tallahassee
Ta	Hahassee, F	-L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CRYSTAL RIVER ANESTHESIA ASSOCIATES, 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 4/24/19	and assigned
Florida document number		
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	ility 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)		<del></del>
(Maning quaress SIAT BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		<u> </u>
	Enter Florida street address	
		ida
	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 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
MGR	Richard Bear	1100 Bellevue Way NE, Ste. 8A#188, Bellevue, WA	. 9: □ Add
			≣Remove
			□Change
MGR	Samantha Hystad	1100 Bellevue Way NE, Ste. 8A#188, Bellevue, WA	. 9: ≣Add
			□Remove
			□Change
			□Add
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an effective date <b>Sote:</b> If the date	Tother than the date of fi- listed, the date must be specific inserted in this block does no ive date on the Department of	and cannot be prior to coor of the applicable	date of filing or more than 9 e statutory filing require	(optional) 0 days after filing.) Pursuant to o ments, this date will not be l	505 0207 listed as t
record specifies d is filed.	a delayed effective date, but	not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fier the
) Pated	7/14	22			
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Filing Fee: \$25.00