

H190002668553
Florida Department of State
Division of Corporations
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(((H19000266855 3)))



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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: epennington@blalockwalters.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AD ANESTHESIA SERVICES, PLLC**

Certificate of Status	0
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AD Anesthesia Services, PLLC

(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 05/10/2019 and assigned
Florida document number L19000127375.

This amendment is submitted to amend the following:

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

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)

c/o Blalock Walters, P.A.

2 N. Tamiami Trail, Suite 400

Sarasota, Florida 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Blalock Walters, P.A.

2 N. Tamiami Trail, Suite 400

Sarasota, Florida 34236

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:

New Registered Office Address:

Enter Florida street address

City Florida 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

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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>
MGR	Nirmal Joshi, M.D.	2377 Lakeridge Drive	<input type="checkbox"/> Add
		Newburgh, IN 47630	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andre Dobson, M.D.	c/o Bialock Walters, P.A.	<input checked="" type="checkbox"/> Add
		2 N. Tamiami Trail, Suite 400	<input type="checkbox"/> Remove
		Sarasota, FL 34236	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

(If the effective date is not the date of filing, it must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in 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:
 the date of filing or the date the record is filed.

[Signature]

 Signature of a member or authorized representative of a member

 Type or printed name of signer