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CONTROPEDER

COVER LETTER

TO:	Registration Se Division of Cor			
		DAN ANESTHESIA. LLC	•	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DAN GEHRING		
		DAN AN <u>E</u> STHESIA	Name of Person	
		26396 ASUNCION DRIV	Firm/Company E	
		PUNTA GORDA, FL 339	Address 83	
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report	notification)
For fu	rther information c	oncerning this matter, please ca	ill:	
DAN	GEHRING		941 456-314 at ()	3
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclos	sed is a check for th	ne following amount:		
= \$2	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:

TO:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)				
(Name of the Limited Liability Compa (A Florida Limited I	liability Company)				
The Articles of Organization for this Limited Liability Company 1.19000226669	were filed on September 09, 2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>			
	:	·= 8 -5			
		2			
••	Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)					
		<u> </u>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name of the			
	, Florida				
	Tiorida Cirv	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> DANIEL GEHRING	Address 26396 ASUNCION DR.	Type of Action
MGR		PUNTA GORDA, FL 33983	∃ Add
			Remove
			Change
			Add
			Remove
		·	☐ Change
			Add
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			Dan Parada
			Change
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ective d	ate, if other tha	in the dat	e of filing	g:					_ (opti	onál)	7	
<u>te:</u> If the	date is listed, the date date inserted in the effective date on	this block	does not n	neet the a	applicab	date of til: le statuto	ing or mor ry filing	e than 90 c requirem	lays after ents, this	filing.) P s date wi	ursuant II not b	to 605,02 e listed
	specifies a de h day after the				ut not a	an effec	ctive tir	ne, at 1	.2:01 ā	ı.m. on	the e	earlier
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Typed or printed name of signee