

L20000 149724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

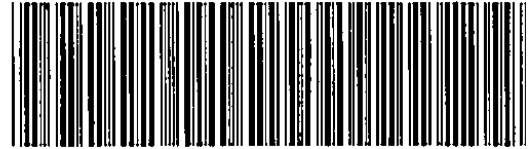
(Business Entity Name)

(Document Number)

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JUN 29 2020

2020 JUN 29 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUC
AUG 11 2020

**TO: Registration Section
Division of Corporations**

Ashton Burks Anesthesia Services LLC

SUBJECT: _____
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:

Ashton Burks

Name of Person

Firm/Company

3265 SE 21st Ave

Address

Ocala, FL 34471

City/State and Zip Code

ashtonburks@gmail.com

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

For further information concerning this matter, please call:

Ashton Burks

228

234-8333

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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 29 PM 5:16

TO
ARTICLES OF ORGANIZATION
OF

Ashton Burks Anesthesia Services 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 06/02/2020 and a
Florida document number 1.20000149724.

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

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Ashton B Burks	3265 SE 21st Ave Ocala, FL 34471	<input checked="" type="checkbox"/> A
			<input type="checkbox"/> B
			<input type="checkbox"/> C
MGR	Rachel Burks	3265 SE 21st Ave Ocala, FL 34471	<input type="checkbox"/> A
			<input checked="" type="checkbox"/> B
			<input type="checkbox"/> C
			<input type="checkbox"/> D
			<input type="checkbox"/> E
			<input type="checkbox"/> F
			<input type="checkbox"/> G
			<input type="checkbox"/> H
			<input type="checkbox"/> I
			<input type="checkbox"/> J
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			<input type="checkbox"/> L
			<input type="checkbox"/> M
			<input type="checkbox"/> N
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			<input type="checkbox"/> S
			<input type="checkbox"/> T
			<input type="checkbox"/> U
			<input type="checkbox"/> V
			<input type="checkbox"/> W
			<input type="checkbox"/> X
			<input type="checkbox"/> Y
			<input type="checkbox"/> Z

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

I want to remove my wife Rachel Burks from title MGR and replace with myself Ashton B Burks MGR

SECRETARY OF STATE
TALLAHASSEE, FL
2020 JUN 23 11 37 10

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 06/25/2020

Signature of a member or authorized representative of a member

Ashton B Burks

Typed or printed name of signee