L2000 172	2724
(Requestor's Name) (Address) (Address)	800347389248
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	07/02/2001015010 **25.00
Office Use Only	AUG 1 4 2020 PR 5: S. YOUNG 3:

## **COVER LETTER**

· · · · ·

•

14

## TO: Registration Section Division of Corporations

Smoky Mountain CRNA LLC

SUBJECT: \_\_\_\_\_

2 % ·

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:

Eric Matthew Coppala

	Eric Matthew Coppara		
		Name of Person	
		Firm/Company	
	3337 Cappio Drive		
	Melbourne, FL 32940	Address	<u></u>
	eric69@icloud.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	lication)
For further information of	concerning this matter, please c	aH:	
Eric Matthew Coppala		321 759-4347	
Name o	of Person	at () Area Code Davtim	e Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Sec	rtion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee	FL 32314		e Street, Suite 810
		Tallahassee, FL	52303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smoky Mountain CRNA LLC

( <u>Name of the Limite</u>	ed Liability Company as it now appears or (A Florida Limited Liability Company)	n <u>our records.</u> )
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on	ne 2020 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	Fr Gi
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desig	nation "LEC" or the abbreviation "LEC."
Enter new principal offices address, if applica	1ble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE I</u>	<u>BOX)</u>	
B. If amending the registered agent and/or re agent and/or the new registered office address		rds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:		
	Enter Florida .	
	Cin	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 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>	Name	Address	<b>Type of Action</b>
	<u> </u>		🗆 Add
			🗌 Remove
			🗆 Change
	<u> </u>	ƏAdd	
		□Remove	
			Change
			🖸 Add
			🗆 Remove
			Change
		🗆 Add	
			[]Remove
			IChange
	- <u></u>	ƏAdd	
			⊡Remove
			II Change
			□Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.) The current effective date(01 Aug 2020) of Smoky Mountain CRNA LLC was incorrectly

		<u>.                                </u>
· - ·		
·		
ffective date, if other than the an effective date is listed, the date must <u>sote:</u> If the date inserted in this ble ocument's effective date on the De	ck does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 by filing requirements, this date will not be listed as t
record specifies a delayed effective 1 is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
29 June	2020	
lated	, ·,	
Pallen		
	Signature of a member or authorized represe	

Typed or printed name of signee