

L26000208877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

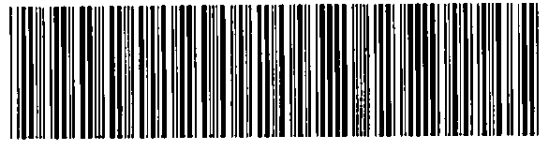
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOBILE ANESTHESIA ASSOCIATES, LLC**

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:

SHERRY PIASECKI

Name of Person

MOBILE ANESTHESIA ASSOCIATES, LLC

Firm/Company

111 SE OSCEOLA ST SUITE 201

Address

STUART, FLORIDA 34994

City/State and Zip Code

SHERRY.PIASECKI@PAINCAREFLORIDA.COM

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

For further information concerning this matter, please call:

SHERRY PIASECKI

772 215-9027  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MOBILE 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 \_\_\_\_\_ and assigned  
Florida document number L20000208877.

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)

111 SE OSCEOLA ST, SUITE 201

STUART FLORIDA 34994

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 SE OSCEOLA ST, SUITE 201

STUART FLORIDA 34994

**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

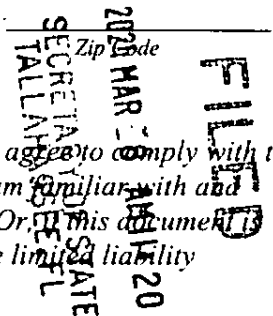
Florida

City

**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



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	EDWARD CHEN	111 SE OSCEOLA ST., SUITE 201	<input checked="" type="checkbox"/> Add
		STUART FLORIDA 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARC LEVINE	111 SE OSCEOLA ST., SUITE 201	<input type="checkbox"/> Add
		STUART FLORIDA 34994	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CLARIFY: CORRECTING PHYSICAL AND MAILING ADDRESS TO INCLUDE "SE"

AND CORRECT ZIP CODE

ADDING ADDITIONAL MGR: DR EDWARD CHEN

CORRECT SPELLING OF MARC LEVIN TO LEVINE

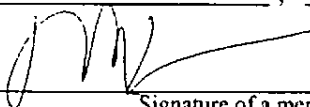
**E. Effective date, if other than the date of filing:** 12/16/2023 **(optional)**

*(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 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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) 90th after record is filed.

Dated FEBRUARY 28, 2024



Signature of a member or authorized representative of a member

MARC LEVINE

Typed or printed name of signee

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