

L21000246611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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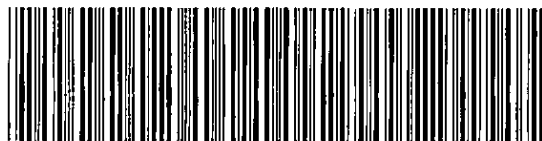
(Business Entity Name)

(Document Number)

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SECRETARY OF THE  
TREASURY  
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1883 W. Royal Hunte Dr., Suite 200 Michaela Gregory, Legal Assistant  
Cedar City, Utah 84720 [michaela.gregory@kkoslawyers.com](mailto:michaela.gregory@kkoslawyers.com)  
Phone 435-586-9366  
Fax 435-586-9491

September 1, 2024

Department of State  
Division of Corporations  
The Center of Tallahassee  
2415 N. Monroe Street Suite 810  
Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for MHL ANESTHESIA, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORESENSEN, LLP**

A handwritten signature in black ink, appearing to read "MG", is written over the printed name of Michaela Gregory.

Michaela Gregory  
Legal Assistant

Enclosure

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

MHL ANESTHESIA, 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 5/26/2021 and assigned  
Florida document number 121000246611.

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)**

1323 Southeast 17th Street, Suite 90211

Fort Lauderdale, Florida 33316

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1323 Southeast 17th Street, Suite 90211

Fort Lauderdale, Florida 33316

**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:

1323 Southeast 17th Street, Suite 90211

*Enter Florida street address*

Fort Lauderdale

*City*

Florida

33316

*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

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>
AMBR	Fortius Quo Fidelius Living Trust, dated August 5, 2024	1323 Southeast 17th Street, Suite 90211	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael Lombardo	1323 Southeast 17th Street, Suite 90211	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Hayley Lombardo	1323 Southeast 17th Street, Suite 90211	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY  
TALLAHASSEE  
FL 32301

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**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) The 90th day after the record is filed.

Dated 9-20-24

Signature of a member or authorized representative of a member

**Michael Lombardo**

Typed or printed name of signee