

121000410654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

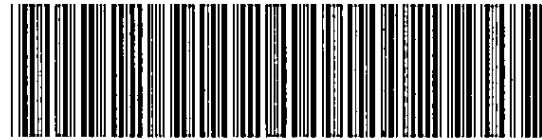
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200374236942

10/01/21--01015--014 \*\*25.00

FILED  
2021 OCT -1 PM 3:37  
SEATTLE  
TALLAHASSEE, FL

D BRUCE  
OCT 07 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Greater Florida Anesthesia Partners 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:

Jenny Countz

\_\_\_\_\_  
Name of Person

ZenBusiness Inc

\_\_\_\_\_  
Firm/Company

5511 Parkcrest Dr., Suite 103

\_\_\_\_\_  
Address

Austin, TX 78731

\_\_\_\_\_  
City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Jenny Countz

844 493-6249

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2021 OCT -1 PM 3:37  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

Greater Florida Anesthesia Partners 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 09/16/2021 and assigned  
Florida document number L21000410654.

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)**

**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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, **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 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	Jack Lin MD	466 Ceil Ct	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alan Glover MD	5717 Wild Sage Circle	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jack Lin MD	466 Ceil Court	<input type="checkbox"/> Add
		Nokomis, FL 34275-2641	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alan Glover MD	5717 Wild Sage Circle	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	David Abello MD	4834 Hoyer Dr	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
21 OCT - 1  
3:30 PM  
TALLAHASSEE, FL  
SHELBY H. HARRIS  
CLERK

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

2021 OCT - 1 PM 3:37  
STUART  
TALLAHASSEE, FL

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

Dated September 27, 2021

/s/ Jack Lin MD

Signature of a member or authorized representative of a member

Jack Lin MD

Typed or printed name of signee