121000454729

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chury Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900376042709

11/12/21 01013--012 **60.00

21 KT 12 (a 3: 30

T. MATTHEWS NOV 2 4 2021

COVER LETTER

(additional copy is enclosed) Certified Copy	TO:	Registration Se Division of Cor			
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: Rachelle G Louis	CHD IE		esthesia, PLLC		
Please return all correspondence concerning this matter to the following: Rachelle G Louis	SUBJEC	-!: <u></u> _	Name of Lim	ited Liability Company	
Rachelle G Louis Name of Person Prevost Anesthesia, PLLC Firm/Company 3122 Lake Jean Drive Address Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Name of Person at (17	The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person Prevost Anesthesia, PLLC Firm/Company 3122 Lake Jean Drive Address Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate Of Status Certified Copy (additional copy is enclosed)	Please re	turn all correspo	indence concerning this matter	to the following:	
Prevost Anesthesia, PLLC Firm/Company 3122 Lake Jean Drive Address Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis 1617 331-4314 at (Rachelle G Louis		
Firm/Company 3122 Lake Jean Drive Address Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Area Code Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy				Name of Person	
Address Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certificate Of Status Certified Copy Certified Copy			Prevost Anesthesia, PLLC		
Address Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} & \Begin{array} \text{\$\$\$55.00 Filing Fee} & \Begin{array} \text{\$\$\$\$\$\$\$\$60.00 Filing Fee} & \Certificate of Status & \Certified Copy (additional copy is enclosed) & \Certified Copy \text{Certified Copy} & \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}				Firm/Company	
Orlando, FL 32817 City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Area Code Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) Area Code Daytime Telephone Number S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy			3122 Lake Jean Drive		
City/State and Zip Code prevostanesthesia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				Address	:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy			Orlando, FL 32817		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachelle G Louis 617 331-4314			prevostanesthesia@gmail.co		
Rachelle G Louis 617 331-4314 Name of Person Area Code Daytime Telephone Number			•		ication)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For furth	er information c	oncerning this matter, please ca	all:	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{ll} \$25.00 \text{ Filing Fee} & \Begin{array}{ll} \$55.00 \text{ Filing Fee} & \Begin{array}{ll} \$60.00 \text{ Filing Fee}, \\ Certificate of Status & Certified Copy & Certificate of Status (additional copy is enclosed) & Certified Copy	Rachelle	G Louis			
☐ \$25.00 Filing Fee	-	Name o	f Person		Telephone Number
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Enclosed	l is a check for th	ne following amount:		
	☐ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status &

TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 1 11 12 PH 3: 30

Prevost Anesthesia, PLLC	- '	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Co Florida document number L21000454729	ompany were filed on October 19, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the i	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Ctty . Florida	Zıp 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

21 1.	!^	700	3 ;	ეს
_				

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rachelle G. Louis	3122 Lake Jean Drive Orlando, FL 32817	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	21 K 7 1 2 F A 30
	
	data of filings (antional)
ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the E	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (cock does not meet the applicable statutory filing requirements, this date will not be listed as the
cord specifies a delayed effectives filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 11/08/20 Lachel	le Maris
	Signature of a pember or authorized representative of a member
Rachelle G. Louis	
	Typed or printed name of signee

Filing Fee: \$25.00