

L22 000 204312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

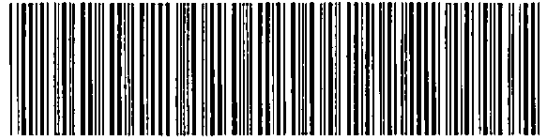
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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 60.-

AUTHORIZATION SIGNATURE: *[Signature]*

MJO Anesthesia LLC L22000204312

BUSINESS ( Name)

Document #

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**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( )                       
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**EXAMINER'S INITIALS:**

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2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 60.00

AUTHORIZATION SIGNATURE: [Signature]

MJO Anesthesia, LLC  
BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time ☐  
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☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MJO ANESTHESIA, 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:

MICHAEL J. OTTE

Name of Person

MJO ANESTHESIA, PLLC

Firm/Company

888 BISCAYNE BLVD, APT 3706

Address

MIAMI, FL 33132

City/State and Zip Code

mjoanesthesia@gmail.com

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

For further information concerning this matter, please call:

MICHAEL OTTE

786

514-8904

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

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

MJO ANESTHESIA , LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 - 1 - 17:25

The Articles of Organization for this Limited Liability Company were filed on 4/29/2022 and assigned  
Florida document number L22000204312.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MJO ANESTHESIA, PLLC

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*

Florida

*City*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

ARTICLE VI: PURPOSE

THE PURPOSE OF THIS PROFESSIONAL LIMITED LIABILITY COMPANY IS TO PRACTICE THE  
PROFESSION OF REGISTERED PROFESSIONAL NURSING.

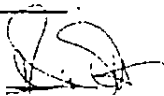
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 AUGUST 7, 2024



\_\_\_\_\_  
Signature of a member or authorized representative of a member

MICHAEL J. OTTE

\_\_\_\_\_  
Typed or printed name of signee

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