7/25/22, 4:11 PM

Division of Corporations

Florida Department of State Division of Corporations

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHELBY WAUGH ANESTHESIA LLC

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COVER LETTER

TO:	Registration Division of	n Section . Corporations		.99	4	
CHIED LES		BY WAUGH ANESTHESIA LLC			,	
SUBJE	CI:	Name of Limi	ited Liability Company		_	
		s of Amendment and fee(s) are sub-				
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
		- 	Firm/Company			
		101 N Brand Blvd 11th Fl				
	Address					
		Glendale, CA 91203				
		City/State and Zip Code				
	Sanderson692@gmail.com E-mail address: (to be used for future annual report notification)					
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	Nau	ne of Person	at () Area Code	Daytime Telephone Nu	ımber	
Enclose	d is a check f	or the following amount:				
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom com, Inc.

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

SHELBY WAUGH ANESTHESIA LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	reçords,)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000263392}{1.0000263392}$.	were filed on 06/08/2023	2	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Emitted Liabi	ility Company," the designation	n "LLC" or the abbr	eviation "L.1	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 of	office address on our r	ecords, enter t	ne name o	of the r
registered agent and/or the new registered office address her	<u>·e</u> :		~ `	
Name of New Registered Agent:		<u> </u>	022 JJ	
New Registered Office Address:			2	
	Enter Florida street	(address	o p	
	Cuv	Florida	Zin Code	
New Registered Agent's Signature, if changing Registered Agent:	•		****	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	- ree to act in this capacity	y. I further agre ies, and I am fa	e to comp miliar with	ly with t i 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

2022-07-25 14:13:07 PDT LegalZoom.com, Inc.

From: Janae I

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>	Address	Type of Action
MGR	WAUGH, SHELBY		
		2588 17TH AVE N SAINT PETERSBURG, FL 33713	■ Remove
			Change
AMBR	WAUGH, SHELBY	2588 17TH AVE N SAINT PETERSBURG, FL 33713	
			☐ Remove
			Change
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

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ote: lí	e date, if other than the date of filing:
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
ned	July 20 , 2022
	Signature of a member of authorized representative of a member
	Sheiby Waugh

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