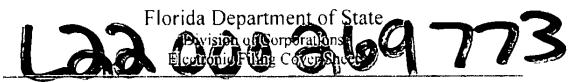
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Division of Corporations



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Division of Corporations

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Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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* Page: 3 of 6

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO:	Registration Se Division of Cor					
cum ira	E F WELLS					
SUBJEC	-I:					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	•		
Please re	atum all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
	101 N Brand Blvd 11th Fl					
			Address		22	
Glendale, CA 91203				•	2822 (11)1 -7	
	City/State and Zip Code					
		cttisfwells@gmail.com				
		E-mail address: (o be used for future annual report notifi	•	至	
For furth	er information co	oncerning this matter, please co	nil:	21 - 22 - 23 - 23 - 23 - 23 - 23 - 23 -	祖田: 47	
Cheyeni	ne Moseley		at ()	·,	+	
	Name o	l'Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne 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		STREET/COURIE Registration Section Division of Corpora				

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LegalZoom.com, Inc.

E F WELLS ANESTHESIA, PLL	o .				
(Name of the Limi	ited Liability Comp: (A Florida Limited	nny as it now appears on our t Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on 06/13/2022 Florida document number 1.22000269773				and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L I	C."
Enter new principal offices address, if applic	cable:	2150 N Bayshore Dr.			
(Principal office address MUST BE A STREI		Apt. #2009		.3	2922
	<u> </u>	Miami, FL 33137			<u>=</u>
					٠
Enter new mailing address, if applicable:	2150 N Bayshore Dr.		-31.	7	
(Mailing address MAY BE A POST OFFICE	EBOX)	Apt. #2009			Ē
		Miami, FL 33137		3.5	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			cords, enter the	name (<u></u>
New Registered Office Address:	2150 N Baysho	ore Dr., Apt. #2009			
		EnterFloridastreet address			
	Miami.		_, Florida 33137		
		City	2	Cip Cock	
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as registered office	ee to act in this capacity performance of my dution provided for in Chapter (. I further agree t es, and I am fami 605, F.S. Or, if th	to compe liar with tis docto	n and ment is
	lf Chu	nging Registered Agent, <u>Sign</u> :	sture of New Registe	red Ageni	<u></u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

LegalZoom.com, Inc.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WELLS, KARMEN J		
			Remove
		2150 N Bayshore Dr., Apt. #2009 Miami, FL 33137	☐ Change
			Add
			Remove
			Change
			Remove
			Change 28 JUL - 7
			□ Remove z
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			Change
			Remove
			☐ Change

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