L23 000 013 389

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

Office Use Only



500401916575

02/13/23--01015--020 ++25.00



COVER LETTER

TO:	Registration Sec Division of Corp				A 19
	ROCKY SH	ORES ANESTHESIA PLLC			•
SUBJE	CT/A *	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		DANIEL WINTERER			
			Name of Person	·	
		ROCKY SHORES ANES	THESIA PLLC		~2
			Firm/Company		023 F
		2427 ROCKY SHORES D	PRIVE		2023FEB 13 SECRETAR
			Address		
		NICEVILLE FL 32578			77.0
			City/State and Zip Code		PH 2: 1.8
		dwinterer@gmail.com	to be used for future annual	report notification)	
For furt	her information co	oncerning this matter, please c		report nouncation)	
	L WINTERER	,,			
——	Name of	Person	at (<u>763</u>) <u>3</u> Area Code	300-3000 Daytime Telepho	ne Number
	, value o			,	
Enclose	d is a check for th	e following amount:			
⊠ \$25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Divisio The Ce 2415 N	ddress: ation Section on of Corporatio entre of Tallahas I. Monroe Street	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our rec mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number L23000013389	npany were filed on JANUARY 5,	2023 and assigned
This amendment is submitted to amend the following:	e following: me of the limited liability company here: of the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pplicable: TREET ADDRESS) e: CICE BOX) Alor registered office address on our records, enter the name of the new registered ddress here: Enter Florida street address	
A. If amending name, enter the new name of the limited	anization for this Limited Liability Company were filed on L23000013389 submitted to amend the following: sime, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." al offices address, if applicable: Idress MUST BE A STREET ADDRESS) address, if applicable: IAY BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAT BE A POST OFFICE BOX)		200
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>en</u>	.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ROCKY SHORES ANESTHESIA PLLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KRISTIN WINTERER	2427 ROCKY SHORES DR	∑ Add
		NICEVILLE FL 32578-2370	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			SE PRETARIE DAdd
			PAdd → P
			□Change
			□Add
			□Remove
			□Change
			□Remove

-							-
							-
							_
<u></u>						···	-
				<u> </u>		<u></u>	_
							_
-	.						_
	-						-
					<u> </u>		_
		<u> </u>	<u></u>			2023 SEC	_
	. <u> </u>						_ ;
						3 I 3	6 .a
			 -		 	10	
					<u> </u>	- (// [\])	-,:
		_		 	·	75.5	-
						1.1	
		_		_ 	-		
T	. 10 (1) (1)	the data of Elli			(option	101\	
n effective da	e. if other than ite is listed, the date	: must be specific ar	nd cannot be prior to o	late of filing or more t	han 90 days after fi	ling.) Pursuant to 60	5.020
ote: If the d	late inserted in thi Tective date on th	is block does not	meet the applicable State's records	e statutory filing re	quirements, this	late will not be lis	sted a
rediffent 5 c.	rour of date on a		ordic steering.				
record specif	ñes a delaved effe	ective date, but no	ot an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day aft	er the
is filed.		, ~~		,	,	•	
	_ (12	2 22 7				
ated	Feb	9	2023	-			
			5				
		Signature of a	a member or authoriz	ed representative of a	member	· · · · · · · · · · · · · · · · · · ·	