

L23000117824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

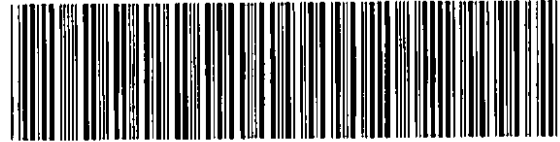
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300404661923

FILED
2023 APR 13 AM 11:27
STATE
TALLAHASSEE, FL

RECEIVED
2023 APR 13 PM 4:02
TALLAHASSEE

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

__ Please use funds from this account: I20210000160 **\$ 25.00**

Authorization Signature: *Ja Anest*

SHP Anesthesia, LLC L23000117824
Business Name Document Number

 Certified Copy

 Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

AMENDMENTS

- X** Amendment
- Resignation of R.A.

- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

OTHER FILINGS

- Annual Report
- Fictitious Name

- APOSTILLE**

Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

- Other**

XAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHP 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:

Shirley Phan

Name of Person

Firm/Company

9456 Worthington Ridge Road

Address

Orlando Florida 32829

City/State and Zip Code

shickho2003@gmail.com

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

For further information concerning this matter, please call:

Shirley Phan

Name of Person

at (407)

Area Code

9245303

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**

FILED
2023 APR 13 AM 11:27

SHP Anesthesia, LLC

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

STATE OF FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 03/06/2023 and assigned Florida document number L23000117824.

This amendment is submitted to amend the following:

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

Skyden Anesthesia, LLC

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:

9456 Worthington Ridge Road

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32829

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

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

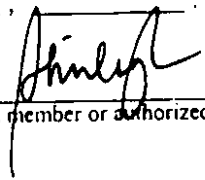
Multiple horizontal lines for amending information.

FILED
2023 MAR 13 AM 11:27
TALLAHASSEE, FL
SECRETARY OF STATE

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 April 12, 2023



Signature of a member or authorized representative of a member

Shirley Phan

Typed or printed name of signer