L23000181374

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PICK-UP WAIT MAIL
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COVER LETTER

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Tallahassee, FL 32314

	ration Second Corp			
	nesthetics	MD LLC (name change neede	:d)	
Name of Limited Liability Company				
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspo	ndence concerning this matter	to the following:	
		Ritu Shah		
			Name of Person	
		Anesthetics Plus MD LLC		
Firm/Company				
9729 Jasmine Brook Cir				
			Address	
		Land O Lakes, FL 34638		
			City/State and Zip Code	
		ritushah731@gmail.com		
For further info	rmation co	oncerning this matter, please c	to be used for future annual r all:	героп поинсацоп)
Ritu Shah				2363
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed is a ch	neck for th	e following amount:		
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status
	g Address		Street Ad	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

ro;	Registration Sec Division of Corp				
	Anesthetics				
Name of Limited Liability Company					
The en	closed Articles of a	Amendment and fee(s) are subn	nitted for filling.		
Please	return all correspon	ndence concerning this matter (o the following:		
		Ritu Shah			
		···	Name of Person		
		Anesthetics Plus MD LLC			
			Firm/Company		
		9729 Jasmine Brook Cir			
			Address	-	
		Land O Lakes, FL 34638			
			City/State and Zip Code		
		ritushah731@gmail.com	10 84	Surian)	
For fu	rther information c	e-mail address: (to oneerning this matter, please of	o be used for future annual report notiful:	ica(t/)(t)	
Ritu S	Shah		609 217 2363		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclos	sed is a check for the	he following amount:			
■ \$2	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)	

1.0

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anesthetics Plus MD, LLC		<u>-</u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
	12.	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{04/9672023}{}$	and assigned
Florida document number	74	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AESTHETICS PLUS AFSTHETIC	S PLUS MD, LLC	
The new name must be distinguishable and contain the words. Limited Liabi	tity Company, the designation ALLC" or the	abbrev 8
The state of the s		
Enter new principal offices address, if applicable:		The state of the s
(Principal office address MUST BE A STREET ADDRESS)		0 1
		T in
		الراد في المساور
Enter new mailing address, if applicable:		77 2
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	-	
B. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. C. 1000 Alleren		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	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 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
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 04/17/2023 Signature of a member or authorized representative of a member RITU SHAH

Typed or printed name of signee



June 5, 2023

RITU SHAH 9729 JASMINE BROOK CIR LAND O LAKES, FL 34638 US

SUBJECT: ANESTHETICSPLUS MD, LLC

Ref. Number: L23000181374

We have received your document for ANESTHETICSPLUS MD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment application was submitted without no change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 623A00012774

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