L2300021973/

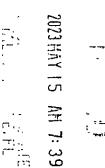
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
(Basament Namas)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

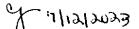




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COVER LETTER

TO:		ration Section of Corpo					
SURJE	CT:	CRY	ISTAL	BEACH	AND AND	STHESIA	1110
., ., ., ., .,				Name of Lim	ited Liability C	ompany	
The en	closed Ar	ticles of Ar	nendment an	d fee(s) are sub	unitted for fili	ng.	
Please	return all	correspond	ence concern	ing this matter	to the followi	ng:	
				STEPA	YEN O	WUERT Person	Z
			•	·	Name of	f Person	
			CRYS	STAL B	EACH	ANESTHE	ESIA, LLC
					Firm/Co	ompany	·
			96	3 CAN	11ND (T	
			PALM	HARE	De, F	2 3468 d Zip Code	·3
			•		City/State an	d Zip Code	
			- I	E-mail address: (I	to be used for fo	iture annual report not	ification)
For furt	ther infor	mation con	cerning this n	natter, please ca	all;		
-	STEP	HEN	DUER	T2	at (7	127) 667	-9092
		Name of Po	erson		Are	a Code Daytin	ne Telephone Number
Enclose	ed is a cho	eck for the i	following am	ount:			
₹ \$25	5.00 Filin	g Fee	□ \$30.00 Fi Certifica	ling Fee & ite of Status	Certific	Filing Fee & ed Copy al copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address: ration Sec	etion _.			Street Address: Registration Se	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYSTAL BEAG	CH ANESTHE	S/A, LL C 2023 MM	Y 15 AM 7:39
(Name of the Limited I	isbility Company as it now apper forida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi		05/03/2023:	ind assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the word. Enter new principal offices address, if applicable of the distinguishable and contain the word. (Principal office address MUST BE A STREET A	e:	e designation "LLC" or the abbrevia	tion "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office address on out tere:	r records, enter the name of t	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Torida street address	-
	City	, Florida Zi _i	ip 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
MGR	STEPHEN WHERTZ	963 CANINO CT	MAdd
		963 CANINO CT PALM HARBOR, FL 346	SS □Remove
			□Change
			□Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing: (optional)
(If an effe	ective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is fil	d 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 ed.
Dated_	5/10/23
	5/10/33 Signature of a member or authorized representative of a member STEPHEN C. WILLETZ Typed or printed name of signage
	STEPHEN) (IP) UFD T-2
	Typed or printed name of signee