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COVER LETTER

TO: Registration Section

Division of Corporations				
	sthesia Services, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daniel S. Friebis			
	•	Name of Person		
	Friebis & Associates			
		Firm/Company		
	3890 Turtle Creek Drive S	uite B		
		Address		
	Port Orange, FL. 32127			
		City/State and Zip Code		
	dan.friebis@friebisandassoc E-mail address: (c.com to be used for future annual report not	tification)	
For further information e	oncerning this matter, please c			
Daniel S. Friebis		386 492-7915		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{01/03/20}{1}$)24	_ and a:	ssigned
Florida document number L24000010680	area '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	ition "LLC" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:		<u></u>	26	
Principal office address MUST BE A STREET ADDR	ESS)	TAI TAI	- <u>2</u> -	
		i-fii 	APR	
		五多	22	!
Enter new mailing address, if applicable:			_ _	L
(Mailing address MAY BE A POST OFFICE BOX)		m or	<u>"</u>	
		.TAT	သူ	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	Is, enter the name of	ယ္ ထု	ew r
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	Enter Florida su	reet address		
	Enter Florida sti	reet address Florida		

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
AMBR	JA Dreamworks Anesthesia, LLC	15977 Johns Lake Overlook Drive - Winter Garden,	FL ■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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f an ett Note:	ve date, if other than the date of filing:
recor d is fi	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	April 18 2024
	Jest lind
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00