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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Divisio	on of Cor	porations		
	A Dreamw	orks Anesthesia, LLC		
SUBJECT:		Name of Lim	ited 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:	
		Daniel S. Friebis		
			Name of Person	<del>-</del>
		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: (	to be used for future annual report no	tification)
For further info	rmation ec	oncerning this matter, please ca	all:	
Daniel S. Friebi	is		386 492-7915	
Name of Person		at ()	ne Telephone Number	
Englaced is a ch	wek for th	e following amount:		
		_	E cos co em e	D 640.00 PH P
<b>≡</b> \$25.00 Filir	ig Fec	☐ \$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)
	<u>g Address</u> tration S		<u>Street Address:</u> Registration Se	ection
_		orporations	Division of Co	
	3ox 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA Dreamworks Anesthesia, LLC				
( <u>Name of the Limited Liab</u> (A Flori	ility Company a: ida Limited Liabil	it now appears ity Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number 1.24000046405		e filed on Janu	pary 24, 2024	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited l <u>iability</u>	company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability C	ompany," the des	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_		_	
(Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				
	_			
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		ess on our rec	cords, <u>enter the l</u>	name of the new register
Name of New Registered Agent.			-	
New Registered Office Address:		Enter Floria	la street address	
	<del></del>	City	Florid:	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete pery agent as prov red office ada	fo <mark>rm</mark> ance of n ided for in Cl	ny duties, and La hapter 605, F.S.	um familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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	Jebb S Ainsworth	15977 Johns Lake Ovewrlook Drive	bbA≣
		Winter Garden, FL. 34787	□Remove
			□Change
			🗆 Add
	•		Remove
			□Change
<del></del>			□Add
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			🗆 Add
			□Remove
			□ Change

e record specifies a delayed e rd is filed.  Dated June 3	ffective date, but not a	in effective time, a 2024	it 12:01 a.m. on the $\epsilon$	earlier of: (b) The '	90th day after the
Effective date, if other than If an effective date is listed, the dandle inserted in document's effective date on	nte must be specific and of this block does not mo the Department of Sta	cannot be prior to dat cet the applicable : ate's records.	statutory filing requi	rements, this date w	ill not be listed as the
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Filing Fee: \$25.00