

L24000528437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

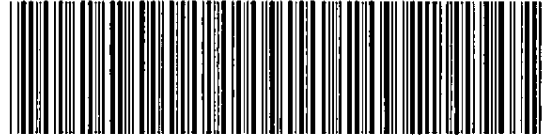
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900449924609

05/01/25--01010--018 **60.00

2025 MAY -1 PM 4:33

FILED

Name Change

JUL 23 2025

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAMAWAY 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:

J. MICHEAL SMITH, C.P.A.

Name of Person

SMITH & ASSOCIATES, CPAs, P.A.

Firm/Company

1601 RICKENBACKER DR., STE. 9

Address

SUN CITY CENTER, FL 33573-5332

City/State and Zip Code

MIKESMITHCPA@AOL.COM

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

For further information concerning this matter, please call:

J. MICHEAL SMITH, C.P.A.

Name of Person

813 634-8885
at ()
Area Code

Daytime Telephone Number

2025 MAY - 1 FRI
Please call with
Any Questions
Thank you.

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) |
|---|--|--|---|

DREAM AWAY ANESTHESIA LLC

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

AMENDED ARTICLES L24 000528437
PREVIOUSLY SIGNED AND MAILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2025

J. MICHAEL SMITH C.P.A.
SMITH & ASSOCIATES, CPAs, P.A.
1601 RICKENBACKER DR., STE 9
SUN CITY CENTER, FL 33573-5332

SUBJECT: DREAMAWAY ANESTHESIA, LLC
Ref. Number: L24000528437

We have received your document for DREAMAWAY ANESTHESIA, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 025A00012114

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

GAIL B. LEBARRON

Filing Fee: \$25.00