L24000528437

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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)

2025 MAY -1

For further information concerning this matter, please call:

J. MICHEAL SMITH, C.P.A. at (813) 634-8885
Name of Person / Area Code / Daytime Telephone Number

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 L24000528437
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DREAMAWAY ANESTHESIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/23/2024 and assigned Florida document number L24000528437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DREAM AWAY ANESTHESIA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *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 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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐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 DECEMBER 30, 2024

Signature of a member or authorized representative of a member

GAIL B. LEBARRON

Typed or printed name of signee

Filing Fee: $25.00