

M22000009616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

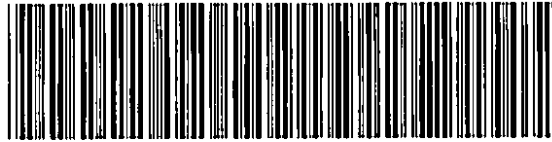
(Document Number)

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2022 OCT -4 PM 3:30
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/03/2022

Acc#120160000072

W.C. SW

Name:	Texas Digestive Disease Consultants, PLLC
Document #:	
Order #:	14382356

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
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Please bring to the attention of Kyle Brumblay

Thank you!

Availability _____
Document _____
Examiner _____
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Amount: \$	??.??
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WE WOULD PAY FOR THE CC

Thank you!

IF THERE IS ANY WAY WE COULD HAVE THIS CORRECTION CERTIFIED, EVEN THOUGH IT ISN'T ROUTINE, THAT WOULD BE GREAT. OK IF NOT!

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Texas Digestive Disease Consultant, PLLC doing business in
Florida as Texas Digestive Disease Consultant, LLC

SECOND: The Florida Document number of the limited liability company is: M22000009616

THIRD: Document to be corrected is: Application for Authorization to Transact Business in Florida

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

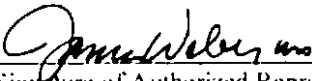
The name of the LLC was misspelled due to a scrivener's error. The name should read as follows:

1. Texas Digestive Disease Consultants, PLLC

Alternate name: Texas Digestive Disease Consultants, LLC

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

09/12/2022

Date

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)