M22000009616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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AND
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2022 OCT -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP

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

Date: 10/03/2022

Acc#I20160000072

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

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Please bring to the attention of Kyle Brumbley

Thank you!

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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 Consulants, PLLC

Alternate name: Texas Digestive Disease Consultants, LLC

OR

☐ The electronic transmission of the record was defective.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/12/2022

Signature of Authorized Representative — Date

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)