

LO7000041068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

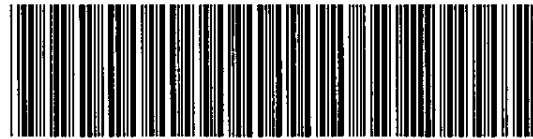
(Business Entity Name)

(Document Number)

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15 JAN 13 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

↓ Shivers JAN 24 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Colon and Rectal Clinic of Fort Lauderdale, 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:

Joni Brown
Name of Person

GastroCave, LLP d/b/a Digestive CARE
Firm/Company

5431 N. University Drive
Address

Coral Springs, FL 33067
City/State and Zip Code

controller@digestivecareonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joni Brown at (954) 344-2502
Name of Person Area Code Daytime Telephone Number

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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Colon and Rectal Clinic of Fort Lauderdale, 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 10/24/2003 and assigned Florida document number L03000041068.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

5431 N. University Dr.
Coral Springs, FL 33067

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:

5431 N. University Dr.
Enter Florida street address
Coral Springs, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGRM	GastroCare, LLP	5431 N. University Dr.	<input checked="" type="checkbox"/> Add
		Coral Springs, FL	<input type="checkbox"/> Remove
		33067	

AMBR	Charles Lago, MD	5431 N. University Dr.	<input checked="" type="checkbox"/> Add
		Coral Springs, FL	<input type="checkbox"/> Remove
		33067	

MGRM	Charles Lago, MD	350 N. Pine Island Rd.	<input type="checkbox"/> Add
		#300	<input checked="" type="checkbox"/> Remove
		Plantation, FL 33324	

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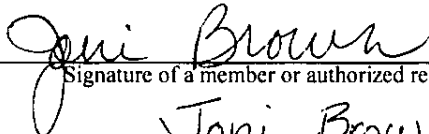
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing FEI/EIN Number
associated with LLC name:
FROM: 20-0690732
To: 20-3207949

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 8, 2015.



Signature of a member or authorized representative of a member

Joni Brown

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 JAN 13 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA