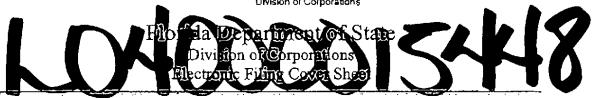
7/1/2019

Division of Corporations



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(((H19000203037 3)))



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To:

Division of Corporations

Fax Number

(850)617-6383

From:

: BLALOCK, WALTERS, HELD & JOHNSON, P.A. Account Name

Account Number : 076666003611 : (941)748-0100 Phone Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGESTIVE DISEASE SPECIALISTS OF MANATEE, P.L.

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

T GLASS Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digestive Disease Specialists of Manatee, P.L.		
(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 2/26/2004 Florida document number L04000015448	and assigned	
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 contain the words "Limited Liability Company," the designation "LLC" of	s the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
		>
Enter new mailing address, if applicable:	2 (E)	
(Mailing address MAY BE A POST OFFICE BOX)	P	
	07	
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the ne	W
Name of New Registered Agent:		
Nim Davissand Office Address:		
New Registered Office Address: Enter Florida street address		
, Flori	ida	
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 provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F. being filed to merely reflect a change in the registered office address, I hereby confirm that company has been notified in writing of this change.	l I am familiar with and .S. Or, if this document is	'nе

Page 1 of 3

Fax Audit: (((H19000203037 3)))

If Changing Registered Agent, Signature of New Registered Agent

Fax Audit: (((H19000203037 3)))

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR —	Rimentas Zalepuga	5715 21st Ave W	
		Bradenton, FL 34209	Add
		Diameter, 1 d 1 200	□ Rетюче
			■ Change
<u></u>			Add
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			Change

Fax Audit: (((H19000203037 3))) 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 amnot 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 June 28, 2019.

Signature of a member of authorized representative of a member

Rimantas Zalepuga RIMANTAS ZALEPUGA

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Filing Fee: \$25.00