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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DR. LEONOR SANTOS, GASTROENTEROLOGY, 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:

DR. LEONOR SANTOS M.D.

Name of Person

DR. LEONOR SANTOS, GASTROENTEROLOGY, LLC

Firm/Company

255 Citrus Tower Blvd. Suite 202

Address

Clermont, FL 34711

City/State and Zip Code

dr@drsantosgi.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DR. LEONOR SANTOS

Name of Person

at ( 352 )

404-8840

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**

**DR. LEONOR SANTOS, GASTROENTEROLOGY, 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 01/07/2011 and assigned  
Florida document number L11000002947.

This amendment is submitted to amend the following:

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

**DR. LEONOR SANTOS M.D. GASTROENTEROLOGY, LLC**

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)**

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**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: Dr. Leonor Santos M.D.

New Registered Office Address: 255 Citrus Tower Blvd. Suite 202  
*Enter Florida street address*

Clermont, Florida 34711  
*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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leonor Santos Dr.	10621 Masters Dr Clermont, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rebecca A Hanes	10621 Masters Dr Clermont, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Renee S Lowe	1034 Jayhill Dr Minneola, FL 34715	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dr. Leonor Santos M.D.	255 Citrus Tower Blvd. Suite 202 Clermont, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

The EIN# is 27-4494572

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 11 JAN 19 AM 10:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated January 18, 2011

Signature of a member or authorized representative of a member

Dr. Leonor Santos M.D.

Typed or printed name of signee