

12/28/2017
12/27/2017

14:42 Blalock Walters

FAX 7742093

P.001/005

L130000609274

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
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.****

Email Address: Joe@digestivediseasescenter.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAO, REDDY, ALBIBI, FINLAW & WELLS, M.D., P.L.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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December 28, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RAO, REDDY, ALBIBI, FINLAW & WELLS, M.D., P.L.
204 E 19TH STREET
PANAMA CITY, FL 32405

SUBJECT: RAO, REDDY, ALBIBI, FINLAW & WELLS, M.D., P.L.
REF: L13000009274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000086078 "DIGESTIVE DISEASE CENTER, P.A."

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000338922
Letter Number: 517A00026234

Fax Audit # (((H17000338922 3)))

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

Rao, Reddy, Albibi, Finlaw & Wells, M.D., 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 12/26/2012 and assigned
Florida document number L13000009274.

This amendment is submitted to amend the following:

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

Digestive Diseases Center of Florida, PLLC

The new name must be distinguishable and contain 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)

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:

Enter Florida street address

City, Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

ST. AUGUSTINE, FLORIDA

DEC 28 AM 1:47
SAILOR
FEDERAL

E. Effective date, if other than the date of filing: 01/01/2018 (optional)
(If an effective date is listed, the date must be specific and cannot 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.

(b) The 90th day after the record is filed.

Dated

December 28, 2017

Signature of a member or authorized representative of a member

Joe Keuerer, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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