114000/63270

(R	Requestor's Name)			
(A	.ddress)			
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(C	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(E	dusiness Entity Name)			
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(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/30/2020	*	*WALK	<i>IN**</i>
ENTITY NAME GASTRO	MD FLORIDA, LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED AND RETURN		
	Plain Copy		`.
XXXX	Certified Copy		
	Certificate of Status		
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICATI	ES REQUESTED		
TOTAL OWED \$55.00	ACCOUNT #: I20160000072		
Please call Tina at the	above number for any issues or concerns. Thank you so mu	ch!	

COVER LETTER

Division of Corporations GASTROENTEROLOGY OF GREATER ORLANDO, LLC SUBJECT: _ 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: Name of Person Firm/Company 2884 WELLNESS AVE #100 Address ORANGE CITY, FL 32763 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (______; Area Code Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & S55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 SEL 30 ALL 9: 20

GASTROENTEROLOGY OF GREATER ORLANDO, 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 Compar	y were filed on 10/10	and assigned
Florida document number L14000163270		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	:
Gastro MD Florida, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the desi	gnation "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 agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	-	, Florida Zıp Code
		Zıp Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	eduties, and I am familiar with and opter 605. F.S. Ov. if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 2029 Ser/ 30 - 771 9: 20 Title Type of Action Name Address ______ □Add _____ □Remove _____ Change _____ □Remove ______ Change _____ Change ______ □ Remove _____ □Change ______ DAdd

______ Change

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ective date, if other than the	date of filing:(optional)
reffective date is fisted, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing y Pursuant to 605 0207.
<u>tet</u> in the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
cument's effective date on the De	epartment of State's records.
cord specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
eded	2020
	 · /)
	/ 6 /
	.////
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee