

L15000169247

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEDIATRIC GASTROENTEROLOGY ASSOCIATES, PLLC

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:

WILLIAM I MUIÑOS M.D., PA

Name of Person

PEDIATRIC GASTROENTEROLOGY ASSOCIATES, PLLC

Firm/Company

3200 SW 60 CT STE 204

Address

MIAMI, FL 33155

City/State and Zip Code

DR. WILLIAMMUIÑOS1954@GMAIL.COM

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

For further information concerning this matter, please call:

Marila Frometa

Name of Person

at (786) _____

Area Code

263-8965

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 Address:

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

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

PEDIATRIC GASTROENTEROLOGY ASSOCIATES, PLLC

(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 09/28/2015
Florida document number L15000169247

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3200 S.W. 60TH CT STE 204

MIAMI, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8955 S.W 87TH CT SUITE 206

MIAMI, FL 33176

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:

WILLIAM I MUIÑOS M.D., P.A

New Registered Office Address:

8955 S.W 87TH CT SUITE 206

Enter Florida street address

MIAMI

Florida 33176

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 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>
AMBR	WILLIAM I MUIÑOS M.D.,	8955 S.W. 87TH COURT SUITE 206	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JESSE REEVES- GARCIA M.D.,	8955 S.W. 87TH COURT SUITE 206	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERTO E GOMARA M.D.,	8955 S.W. 87TH COURT SUITE 206	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERICK HERNANDEZ M.D.,	8955 S.W. 87TH COURT SUITE 206	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD N ARBOLEDA M.D.,	8955 S.W. 87TH COURT SUITE 206	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PEDIATRIC GASTROENTEROLOGY ASSOCIATES, PLLC IS A MEDICAL GROUP PRACTICE WITH
FIVE OWNERS WITH 20% OF OWNERSHIP AND HAS TWO LOCATIONS ONE WITH THE ADDRESS
3200 S.W. 60TH CT STE 204 MIAMI, FL 33155 AND 8955 SW 87TH COURT SUITE 206 MIAMI FL. 33176
ALL OWNERS NEED TO BE LISTED BY HEALTHCARE LAWS OF 5% OR MORE OF OWNERSHIP.
ALL MEDICAL DOCTORS HAVE MERGED AND CREATED A GOUP PRACTICE IN PEDIATRIC
GASTROENTEROLOGY ALSO IMPLEMENTING MEDICAL SERVICE INTEGRATION IN HEALTHCARE
PEDIATRICS.

E. Effective date, if other than the date of filing: 10/21/2020 **(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.

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 OCTOBER 21, 2020



Signature of a member or authorized representative of a member

DR. WILLIAM I MUIÑOS M.D

Typed or printed name of signee