

Florida Department of State

**L1600012301**  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170002075453)))



H170002075453ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 203-0845

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WELLINGTON ENDOSCOPY CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED  
2017 AUG -7 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 AUG -7 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT  
AUG 8 2017

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

Wellington Endoscopy Center, 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 July 1, 2016 and assigned  
Florida document number 116000122801.

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)

**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

\_\_\_\_\_, Florida

\_\_\_\_\_  
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

FILED  
17 AUG -7 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>
MGR	Gastro Health Holdco, LLC	9500 S. Dadeland Boulevard, Suite 200	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gastro Health Endoscopy, LLC	9500 S. Dadeland Boulevard, Suite 200	<input checked="" type="checkbox"/> Add
		Miami, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUG-1  
MAR 30 2017  
TALLAHASSEE, FLORIDA


**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*Amendment of Article IV - ManagementThe Company is Member-managed. The name and address of the Member of theSole-Member of the Company is:Gastro Health Endoscopy, LLC9500 S. Dadeland Boulevard, Suite 200Miami, FL 33156**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 1st of the month or the 1st of the year, whichever is earlier of:

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

Dated August 42017  
\_\_\_\_\_  
Signature of a member or authorized representative of a memberAlejandro Fernandez\_\_\_\_\_  
Typed or printed name of signer

FILED  
AUG - 7 AM 8:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA