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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600 Phone

: (323)962-3889 Fax Number

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

Email Address:

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S. YOUNG

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COVER LETTER

TO: Registration S Division of Co			
GASTRO	DMAD, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley	∴	THE FEE
	****	Name of Person 🖓	3 3
	Legalzoom.com, Inc.		HAY -3 AM IO:
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	17 HAY -3 AM 10: 29
	1.00000 11.00000	Address	29
	Glendale, CA 91203	•	
		City/State and Zip Code	
	mpola30@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Cheyenne Moseley		800 773-0888 ex	t. 9724
Name	of Person	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

GASTROMAD, LLC	one as it may armours an our records \	
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000183627</u> .	were filed on 10/03/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation 12.1.
Enter new principal offices address, if applicable:	6855 Edgewater Drive, Apt. 3A	美
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33133	ASS
		B m
Enter new mailing address, if applicable:		.
(Mailing address MAY BE A POST OFFICE BOX)	G	9
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida straet address	
	, Florida	Zip Code
N D A	City	Zip Coue
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	

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

To: Page 5 of 6

5/3/2017 10:00:58 AM PDT

3239628300 From: Meghan Smith

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Alberto Checa	2740 SW 28 Ter., #706	☑ Add
		Miami, FL 33133	□ Remove
		, is	
	-		CRE AH AH
			SSETTE
			AM IO: 29
			□ Remove
			Add
			☐ Remove
			
			□ Add
			Remove
			·····
			□ Add
			Remove

		,
Effective date, if other than the (The effective date must be specific, can	not be prior to date of receipt or filed date and cannot be more than 9	(optional) 0 days after
the date this document is filed by the F	lorida Department of State)	
Dated 7/38	Pareo Do Pero	
7	Signature of a mornber or authorized representative of a member	
	Maria Polanco Typed or printed name of signes	
	Typecon prince hank of signed	AHASSE AHASSE
	\vec{n} :	AMIO: 29

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Filing Fee: \$25.00