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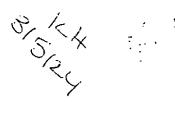
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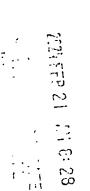
Office Use Only



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COVER LETTER

Division of Co					
Gastroenter SUBJECT:	rology and Motility Center, LLC				
		ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	ntted for filing.			
Please return all correspo	ondence concerning this matter to	o the following:			
	Su Bin Kim				
		Name of Person			
	Gastroenterology and Motifi	ty Center, LLC			
		Firm Conpany			
	2616 Oakbrook Ct				
		Address			
	Weston, FL 33332	City/State and Zip Code			
	subinkim0101@gmail.com	Chyosane and Zip Cone			
	F-mail address, (to	be used for future annual report notificati	on)		
I or further information of	concerning this matter, please cal	ł:			
Su Bin Kim		917 399 - 8112			
Name (of Person	at ()	ephone Number		,
Fuclosed is a check for t	he following amount:			r 2	
□ 825.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	So0,00 Filing Certificate o Certified Co (additional copy	of Status & Copy Covis englowed)	: : : : : :

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

Gastroenterology and Motility Center, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000038568		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		breviation "L.L.C."
Enter new principal offices address, if applicable:	1951 SW 172th Ave, Stc 312	
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33029	
Enter new mailing address, if applicable:	2616 Oakbrook Ct	
(Mailing address MAY BE A POST OFFICE BOX)	Weston, FL 33332	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	·	. 1 -3
New Registered Office Address:	Enter Florida street address	
	, Florida	. 2
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		(3)
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for provided for in Chapter 605, F.S. Or,	umiliar with and if this document is
If Char	nging Registered Agent, Signature of New Reg	istered 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>	Address	Type of Action
MGR	Su Bin Kim	2616 Oakbrook Ct	□Add
		Weston, FL 33332	■Remove
			□Change
MGR	Su Bin Kim	1951 SW 172th Ave, Ste 312	□Add
		Miramar , FL 33029	□Remove
			⊠ Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove ○ □Change
			i Dadii
			r : S 1.1 S BRemove
			□Change
			□Add
			□Remove

			 			
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ffective date, if other than the date must be detective date is listed, the date must be offer. If the date inserted in this blococument's effective date on the Department.	e specific and cannot k does not meet th	i be piior to d e applicable	ate of filing or ma	ore than 90 days af		
ecord specifies a delayed effective is filed.	late, but not an eff	ective time.	at 12:01 a.m. c	on the earlier of:	(b) The 90th	day after th
Feb 15	202-	4				
	gnature of a member	r or authorize	d representative	of a member		

Filing Fee: \$25.00