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Division of Corporations

Fax Number : (850)617-6380

Econ:

Account Name : TAX ZCNE INC. Account Number : 128198086044 Phone : (487)888-3131 Fax Number : (888)453-0509

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

Email Address: Account of the 12 milest con

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SURGICAL AND GASTRO INTESTINAL SPECIALIST INC

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September 22, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

TAX ZONE INC.

SUBJECT: SURGICAL AND GASTRO INTESTINAL SPECIALIST INC

REF: P23000067853

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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STANTON E ROBERTS Regulatory Specialist III FAX Aud. #: #23000332755 Letter Number: 723A00021983

TO: Amendment Se Division of Cor	porations				
NAME OF CORPO	DRATION: SURGICAL AND	GASTRO INTESTINAL	SPECIALIST INC		
DOCUMENT NUMBER: P23000067853					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	ED KOTLER				
		Name of Contact Perso			
	TAX ZONE INC				
	TAX ZONE INC Firm' Company				
	8865 COMMODITY CIR ST	367.4			
	Address				
	ORLANDO, FL 32819 City/ State and Zip Code				
		City/ State and Zip Cod	le	. احز مست	
	A POOLING ANTIQUE AND CONTRACT OF STATE				
	E-mail address: (30 be 11	sed for fulnce annual repor	: natification)		
For further informati	on concerning this matter, plea	se call.			
ED KOTLER		407	\BES-3131		
Запк	of Contact Person	Area Co) ES-3131 ode & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Fionda Dep	partment of State:		
□ \$35 Filling Fee	⊞843-75 Filing For & Certificate of Status	Cartified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section			Address dinent Section		
Division of Corporations		Division of Corporations			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

To.

Articles of Amendment to Articles of Incorporation of

SURGICAL AND GASTRO INTESTINAL SPECIALIST INC	
(Name of Corporation as currently filed with the Florida Der	st. of State)
P23000057853	
(Decument Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Purguant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation a its Articles of Incorporation:	adopts the following amendment(a)
A. If amending name, enter the new name of the corporation:	
SURGICAL AND GASTROINTESTINAL SPECIALISTS INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	" or the abbreviation "Corp.,"
B. Enter new principal office uddress, If applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
magner op an absence and an an an an	,S
and the second of the second o	
C. Enter new multing address, if amplicable:	
(Mailing address <u>MAV BE A POST OF FICE BOX)</u>	<u>حداثہ</u>
and the latter control of the latter than the	. The second sec
 If amending the registered agent and/or registered office address in Florida, enter the most registered agent and/or the new registered office address; 	ame of the
Name of New Registered Apent	- yound or the triangulary appears or particips on about a final final com-
(Florida street address)	
New Repistered Office Address: (City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ons of the position.
Signature of New Registered Agent, it changing	<u> </u>
Check if applicable	
The amendments) issue being filed pursuant to s. 607.0120 (11) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

To:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T- Treasurer; S= Secretary; D= Director; TR= Trustec; C = Chairmon or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Solly Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Dus				
X Remove	<u>V</u> <u>Miko</u>	Mike Jones				
X Add	SV Sally	SV Sally Smith				
Type of Action (Check One)	Title	Name	Addrews ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
1) Change			2023 SE			
Add			SEP 26			
Remove			<u>; 6 </u>			
2) Charge	and the state of t					
Add			<u> </u>			
Rепкіче 3.) Change						
Add			and the second s			
			and the second s			
4) Change Add	Andrewson of the comm	and the second section and the second	e alligative allinear patients and the second control of the secon			
Remove						
5)Change			A SECTION OF THE SECT			
Add	there was many part two					
Remove						
ស៊ីChange	111.					
Add						
Remove			and the second s			

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