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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	······································
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section Corporations					
SUBJECT:	STONE MEI	DICAL GROUP, LLO				
		nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.				
Please return all corre	spondence concerning this matte	er to the following:				
	Ga	ary S. Betensky, Esquir	e			
		Name of Person				
Richman Greer, P.A.						
		Firm/Company				
250 Australian Avenue South, Suite 1504						
		Address				
West Palm Beach, FL 3340						
City/State and Zip Code						
	Gbetensky@richmangreer.com E-mail address: (to be used for future annual report notification)					
n e a . e			(nonneation)			
For further informatio	n concerning this matter, please	call:	•			
G	ary S. Betensky	at (561)	803-3500			
Nam	e of Person	Area Code & I	Daytime Telephone Number			
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) 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

STONE MEDICAL GROUP, LLC

FILED 12 FEB 13 PM 1: 42

(A Florid	la Limited Liability Company)	s on our records,	
The Articles of Organization for this Limited Liability	Company were filed on	01/22/02	and assigned
Florida document number L02000001870	·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company her	e:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable:		·····	
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	······································		
New Registered Office Address:			
	Eni	er Florida street add	lress
		, Florida	
	Citv		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** KAYCAM ASSOCIATES, LL-C MGRM 21307 Rockledge Lane ☐ Add ✓ Remove Boca Raton, FL 33428 ☐ Add ☐ Remove □ Add ☐ Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated Signature of a member or authorized representative of a member

Richman Greer, P.A. by GARY BETEN Page 2 of 2

Filing Fee: \$25.00