

LO9000012454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

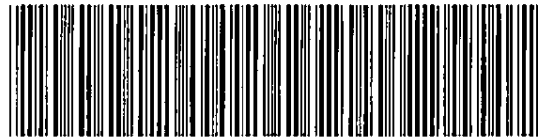
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2025 NOV 11 PM 4:51
CLERK OF COURT
JANUARY 9 2025

1990

SUBJECT: Aaron B. Stein, M.D., PLLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Karin Chipman 423 847-7433
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

☐ \$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)

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**

Aaron B. Stein, M.D., PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2025 NOV 11 PM 4:51

The Articles of Organization for this Limited Liability Company were filed on February 6, 2009 and assigned:

Florida document number 109000012454

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)

150 East Redstone Avenue

Crestview, Florida

32539

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 Main Street

Unit 235

Destin, Florida 32541-9998

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:

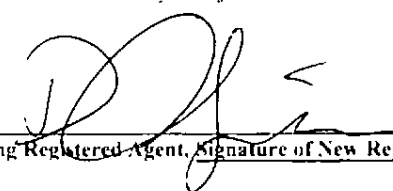
New Registered Office Address:

Enter Florida street address

City, Florida 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

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

[illegible]

[illegible]

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.

Dated November 20 2024



Signature of a member or authorized representative of a member

Donald D. Chipman

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aaron B. Stein, M.D., PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karin Chipman

Name of Person

Aaron B. Stein, M.D., PLLC

Firm/Company

175 Main Street Unit 235

Address

Destin, FL 32541-9998

City/State and Zip Code

donaldchipmanmd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Chipman

423

847-7433

at (_____) _____

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 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**

FILED
2025 NOV 11 PM 4:51
CLERK OF DISTRICT COURT

Aaron B. Stein, M.D., PLLC

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(A Florida Limited Liability Company)

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Florida document number L09000012454.

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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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(Principal office address MUST BE A STREET ADDRESS)

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32539

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 Main Street

Unit 235

Destin, Florida 32541-9998

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Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

Dated November 20, 2024

Typed or printed name of signee

Filing Fee: \$25.00