

L10 000 026757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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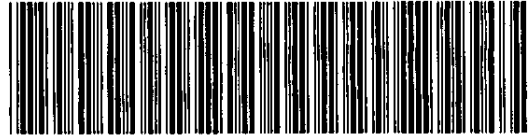
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLAXMAN, MAXSON AND STEIN, M.D.'S, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000026757

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joni Brown

Name of Person

GastroCare, LLP

Name of Firm/Company

5431 N University Drive

Address

Coral Springs, FL 33067

City/State and Zip Code

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

For further information concerning this matter, please call:

Joni Brown

at ( 954 ) 344-2522

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

✓

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLAXMAN, MAXSON AND STEIN, M.D.'S, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/10/2010 and assigned  
Florida document number L10000026757.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Maxson & Stein, M.D.'s, LLC

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)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5431 N University Drive

Coral Springs, FL 33067

**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:

Bernard Stein, MD

New Registered Office Address:

1002 S Old Dixie Highway, Ste 201

*Enter Florida street address*

Jupiter

*City*

Florida 33458

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mitchell Flaxman, MD		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bernard Stein, MD	1002 S Old Dixie Highway, Ste 207	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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## Name change &amp; Registered Agent Change

(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) **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 August 15 2015

Bernard Stein, MD

Typed or printed name of signee