L10000026757

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TO: Registration S Division of Co	ection orporations		•
SUBJECT: FLAXMA	N, MAXSON AND	STEIN, M.D.'S,	LLC
	Name of	Limited Liability	Company
DOCUMENT NUM	BER: L10000026757	7	
The enclosed Resigna for filing.	tion of Registered Age	ent for a Limited	Liability Company and fee are submitted
Please return all corre	spondence concerning	g this matter to th	e following:
Joni Brown			
	Name of Person		
GastroCare, LLP			
Nar	ne of Firm/Company	· · · · · · · · · · · · · · · · · · ·	
5431 N University D	rive		
	Address		
Coral Springs, FL 3	3067		
City	//State and Zip Code	 	
E-mail address: (to b	e used for future annual re	port notification)	
For further information	n concerning this matt	ter, please call:	
Joni Brown		954 at (344-2522
Name o	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 $\frac{03/10/2010}{1}$ 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 "LLC." Same Enter new principal offices address, if applicable: दंश (Principal office address MUST BE A STREET ADDRESS) 5431 N University Drive Enter new mailing address, if applicable: Coral Springs, FL 33067 (Mailing address MAY BE A POST OFFICE BOX) 725 24-O 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: Bernard Stein, MD Name of New Registered Agent: 1002 S Old Dixie Highway, Ste 201 New Registered Office Address: Enter Florida street address

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.

City

Jupiter

If Changing Registered Agent, Signature of New Registered Agent

Florida 33458

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 AMBR** Mitchell Flaxman, MD _□ Add **■** Remove □ Change AMBR Bernard Stein, MD 1002 S Old Dixie Highway, Ste 201 **■** Add Jupiter, FL 33458 _□ Remove _□ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove

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Filing Fee: \$25.00