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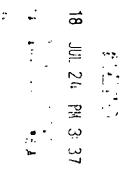
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S. PRATHER

COVER LETTER

IO: • Registration Division of C		, 3*	
Maxson	& Stein, MD's, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Joni Brown		
		Name of Person	
1	GastroCare, LLP dba Di	gestive CARE	
'		Firm/Company	
	5431 N University Drive		
		Address	 _
	Coral Springs, FL 33067	,	
		City/State and Zip Code	 _
	info@lovemygi.com	Name of Person P dba Digestive CARE Firm/Company by Drive Address L 33067 City/State and Zip Code om address: (to be used for future annual report notification) please call: at (
	E-mail address: (ication)
For further information	n concerning this matter, please co	all:	
Joni Brown			
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maxson & Stein, MD's, LLC					
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our reco ida Limited Liability Company)	<u>rds.</u>)	•	83	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L0000026757 This amendment is submitted to amend the following:				الگونز ئائعة او د	gned
				골 ()	(
A. If amending name, enter the new name of the li	mited liability company here:			37	
Maxson, Rosainz & Stein, MD's, LLC					
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LI	LC" or the a	bbreviati	ion "L.L	C."
Enter new principal offices address, if applicable:	NA				 -
<u>(Principal office åddress MUST BE A STREET ADI</u>	(DRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	_			
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ds, <u>enter</u>	the n	ame o	of the
Name of New Registered Agent: na					<u> </u>
New Registered Office Address:	Enter Florida street add	ress			
	. 1	Florida			
_	City		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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	NA		
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change

Name change only							= :	
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July 6th		2018						
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Typed or printed name of signee

Filing Fee: \$25.00