

L14000080524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

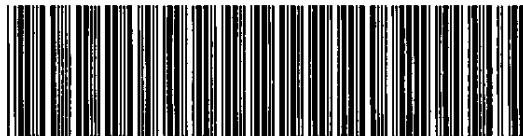
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 12 2015

# BRENNAN, MANNA & DIAMOND

## ATTORNEYS & COUNSELORS AT LAW

Shannan L. Mullenix  
75 East Market Street, Akron, Ohio 44308  
Direct Dial: (330) 374-7485/Direct Fax: (330) 374-7486  
Email: [slmullenix@bmdllc.com](mailto:slmullenix@bmdllc.com)

October 6, 2015

Florida Secretary of State  
New Filing Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301  
FedEx: 774674423446

Re: UroStem, LLC | Articles of Amendment

To Whom It May Concern:

Enclosed please find the Florida Articles of Amendment Form for filing for the above-referenced entity, along with a check in the amount of \$25.00 for the filing fee.

Thank you for your time and attention to this matter.

Very truly yours,

  
Shannan L. Mullenix, Paralegal

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UROSTEM, LLC

\_\_\_\_\_  
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:

Dari Zahalsky

\_\_\_\_\_  
Name of Person

UROSTEM, LLC

\_\_\_\_\_  
Firm/Company

5850 Coral Ridge Drive, Suite 310

\_\_\_\_\_  
Address

Coral Springs, FL 33076

\_\_\_\_\_  
City/State and Zip Code

bzradin@yahoo.com

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

For further information concerning this matter, please call:

Dari Zahalsky

561

699-4552

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UROSTEM, 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 05/16/2014 and assigned  
Florida document number L14000080524.

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 "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5850 Coral Ridge Drive, Suite 310

Coral Springs, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5850 Coral Ridge Drive, Suite 310

Coral Springs, FL 33076

**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:

Bari Zahalsky

New Registered Office Address:

5850 Coral Ridge Drive, Suite 310

*Enter Florida street address*

Coral Springs


*City*

Florida 33076

*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	Michael P. Zahalsky, M.D.	5850 Coral Ridge Drive	<input type="checkbox"/> Add
		Coral Springs, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bari Zahalsky	5850 Coral Ridge Drive, Suite 310	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bari Zahalsky	5850 Coral Ridge Drive, Suite 310	<input type="checkbox"/> Add
		Coral Springs, FL 33076	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9/28, 2015

Bazah  
Signature of a member or authorized representative of a member

**Bari Zahalsky**

Typed or printed name of signee