

L14000113880  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000031842 3)))



H230000318423ABOX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383  
From: W. Scott Turnbull, Esq.  
Account Name : CRARY, BUCHANAN, BONDISH, ET AL  
Account Number : 876424801425  
Phone : (772)233-4602  
Fax Number : (772)398-8122

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: turnbull@crarybuchanan.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BERINGER MEDICAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

2023 JAN 25 AM 9:57

2023 JAN 25 AM 9:57  
T.L.

T.L.  
JAN 26 2023

(((H23000031842 3)))  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BERINGER MEDICAL GROUP, 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 07/18/2014 and assigned Florida document number L14000113880.

This amendment is submitted to amend the following:

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

BERINGER MEDICAL GROUP, PLLC

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:

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

n/a

**(Mailing address MAY BE A POST OFFICE BOX)**

2023 JAN 25 11:10 AM 9:55

**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:

Crary Buchanan, PA

New Registered Office Address:

759 SW Federal Highway, Suite 106

*Enter Florida street address*

Stuart

*City*

Florida 34994

*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.*

*W. Scott Turnbull*

If Changing Registered Agent, Signature of New Registered Agent

((H23000031842 3))

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>
_____	n/a	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

((H23000031842 3))

((H23000031842 3))

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

Purpose:

The practice of medicine.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**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 January 25, 2023

*Laura M. Beringer*

Signature of a member or authorized representative of a member

Manager

Typed or printed name of signer