

L15000161850

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MAY 16 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

EMILY STEVENS
509 SE CENTRAL PARKWAY
STUART, FL 34994

SUBJECT: FLORIDA RESTORATIVE MEDICINE, LLC
Ref. Number: L15000161850

We have received your document for FLORIDA RESTORATIVE MEDICINE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00007619

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

FLORIDA RESTORATIVE MEDICINE, 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 September 23, 2015 and assigned Florida document number L15000161850.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

EMILY STEVENS

New Registered Office Address:

509 S.E. CENTRAL PARKWAY

Enter Florida street address

STUART

Florida

34994

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EMILY STEVENS	509 S.E. CENTRAL PARKWAY	<input checked="" type="checkbox"/> Add
		STUART, FLORIDA 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATHRYN BRANDT	509 S.E. CENTRAL PARKWAY	<input checked="" type="checkbox"/> Add
		STUART, FLORIDA 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ACD HOLDINGS, LLC	4290 PROFESSIONAL CENTER DRIVE	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FLORIDA 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 MARCH 23, 2016

Signature of a member or authorized representative of a member

EMILY STEVENS

Typed or printed name of signee