

L18 000 1800 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

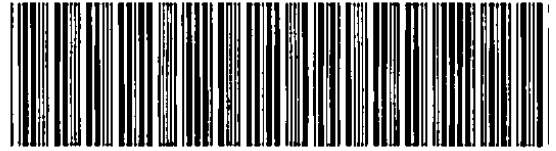
(Business Entity Name)

(Document Number)

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10/18/21--01009--013 **25

**TO: Registration Section
Division of Corporations**

SUBJECT: STELLAR MEDICAL RESEARCH 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:

JOSHUA HIRTH

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

STELLAR MEDICAL RESEARCH 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 JULY 25, 2018 and assigned Florida document number 118000180033.

This amendment is submitted to amend the following:

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

STELLAR ASC MANAGEMENT LLC

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:

6646 WEST ATLANTIC AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33446

Enter new mailing address, if applicable:

6646 WEST ATLANTIC AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

DELRAY BEACH, FL 33446

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

JOSHUA O HIRTH

New Registered Office Address:

6646 WEST ATLANTIC AVENUE

Enter Florida street address

DELRAY BEACH

City

Florida 33446

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	JOSHUA O HIRTH	6646 WEST ATLANTIC AVENUE	<input checked="" type="checkbox"/> Adc
		DELRAY BEACH, FL 33446	<input type="checkbox"/> Rer
			<input type="checkbox"/> Cha
MGR	MOSHE E HIRTH	6200 WEST ATLANTIC	<input type="checkbox"/> Adc
		DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Rer
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Cha

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(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 60

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.

Signature of a member or authorized representative of a member

Joshua Hirsch

Typed or printed name of signee