

L/2000048310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A. LUNT  
SEP 20 2012  
EXAMINER

Office Use Only



700239885317

09/24/12--01049--013 \*\*25.00

2012 SEP 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pinnacle Orthotics, 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:

J. SCOTT BECKER  
Name of Person  
PINNACLE ORTHOTICS, LLC  
Firm/Company  
509 PAUL MORRIS DR.  
Address  
ENGLEWOOD, FL 34223  
City/State and Zip Code  
SCOTTB@PINNACLEORTHOTICS.COM  
E-mail address: (to be used for future annual report notification)

2012 SEP 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

SCOTT BECKER at (800) 761-6605  
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

FILED  
2012 SEP 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pinnacle Orthotics, 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 April 9, 2012 and assigned  
Florida document number L12000048310

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 end with 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)

J. Scott Becker  
509 Paul Morris Dr.  
Englewood FL 34223

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:

J. SCOTT BECKER

New Registered Office Address:

509 PAUL MORRIS DR

Enter Florida street address

ENGLEWOOD

City

Florida

34223

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 608, 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.

J. Scott Becker  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SCOTT BECKER		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TONY SGAMBATI		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOEL ARLINE		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DIANE WATSON		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 2012 SEP 24 PM 4:40  
 STATE OF FLORIDA  
 TALLAHASSEE

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

*Diane E. Watson*

Signature of a member or authorized representative of a member

Diane E. Watson

Typed or printed name of signee