

L13000015370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

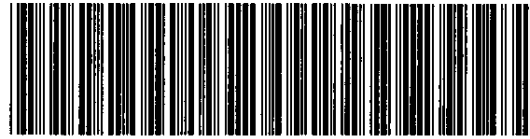
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORTHO STEM, 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:

STUART A. LIPSON, ESQ.
Name of Person
LAW OFFICES OF STUART A. LIPSON
Firm/Company
16900 NE 19TH AVENUE
Address
N MIAMI BEACH, FL 33162
City/State and Zip Code
LAW16900@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART LIPSON at **305 940-2800**
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**

ORTHO STEM, 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 1/29/13 and assigned
Florida document number L130000015370

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TALLAHASSEE, FLORIDA

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: 20295 NE 29TH PLACE
(Principal office address MUST BE A STREET ADDRESS) SUITE 300
AVENTURA, FL 33180

Enter new mailing address, if applicable: 20295 NE 29TH PLACE
(Mailing address MAY BE A POST OFFICE BOX) SUITE 300
AVENTURA, FL 33180

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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.

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	INSTITUTE OF SPORTS MEDICINE AND ORTHOPAEDICS, PA	20295 NE 29TH PLACE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	
MGRM	DR. AMARYLLIS PASCUAL, PA	18205 BISCAYNE BLVD., STE 100	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	STEM CELL REGENERATION, INC.	1167 S. HILLSBORO MILE	<input checked="" type="checkbox"/> Add
		SUITE 616F	<input type="checkbox"/> Remove
		HILLSBORO BEACH, FL 33062	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

10/3 2013.

Signature of a member or authorized representative of a member

STUART LIPSON, ESQ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 OCT 21 AM 8:15
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TALLAHASSEE, FLORIDA