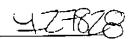
## P4510001 Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

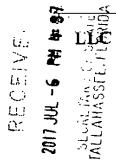
Account Number : 072450003255

Phone : (305)634-3694

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

Email Address:



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## LIÆ AMND/RESTATE/CORRECT OR M/MG RESIGN ORTHOPEDICS AND SPORTS MEDICINE SPECIALISTS, LLC

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S. WARREN

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CORP USA

## COVER LETTER

TO: Registration Section Division of Corporations

Medicine Specialists, LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX A. AD AMS ESQ Name of Person an offices of Max A. ADAMS, SQ PLIC LEJEUNE ROAD, STE 306 GABLES FLORIDA

City/State and Zip Codo nfor the mediaw Frem. com

For further information concerning this matter, please call:

Englosed is a check for the following amount:

Cl \$25.00 Filing Fee □ \$30.00 Filing Fee &

☐ \$55.00 Filing Pco & Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Cortificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasseo, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTHOREDICS AND SPORTS MEDICINE SPECIALISTS, LLC
(Name of the United Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida L	inulad Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L170012495</u>	npany were filed on June 7, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Linbility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	7
Enter new mailing address, if applicable:	772
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red affice address on our records, enter the name of the new
Name of New Registered Agent: Law	OFFICES OF MAX A. ADAMS, ESQ PLLC
New Registered Office Address: 215	1 S. LEJGLINE RD 86 304  Enter Plartida street uddress
<i>C</i> _	oral Grables Florida 33134
New Registered Agent's Signature, If changing Registered	ing court
provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	ad agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

Page 1 of 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:

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