

L17000124950

Florida Department of State
Division of Corporations
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
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Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CORP USA
Account Number : 072450003255
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Fax Number : (305) 633-9595

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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S. WARREN

JUL 07 2017

COVER LETTER

H17000177099

TO: Registration Section
Division of Corporations

SUBJECT: ORTHOPEDICS AND SPORTS Medicine Specialists, 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:

MAX A. ADAMS, ESQ.
Name of Person

Law Offices of MAX A. ADAMS, ESQ PLLC
Firm/Company

2151 S Lejeune Road, STE 306
Address

COREAL GABLES FLORIDA 33134
City/State and Zip Code

info@themedlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Perez at 305 444-3484 ext 404
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ORTHOPEDICS AND SPORTS MEDICINE SPECIALISTS, 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 June 7, 2017 and assigned
Florida document number L17000124950

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 "LLC."

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 new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

LAW OFFICES OF MAX A. ADAMS, ESQ., PLLC

New Registered Office Address:

2151 S. LEJUNE RD, STE 306

Enter Florida street address

Coral Gables

City

Florida

33134

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.

Max Adams
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Please add 1000 Units at \$ 1.00
per value.

E. Effective date, if other than the date of filing: _____ (optional)
(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 605.0207 (3)(b)
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.

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.

Dated July 6, 2017.

Max A. Adam
Signature of a member or authorized representative of a member

ATTORNEY-IN-FACT
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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