

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

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

Email Address: rstroud@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SARASOTA ORTHOPEDIC ASSOCIATES, LLC

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K. SALY

AUG - 3 2018

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
18 AUG -2 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SARASOTA ORTHOPEDIC ASSOCIATES, 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 24, 2000 and assigned
Florida document number: L00000008758.

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 "L.L.C."

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

Name of New Registered Agent:

Blalock Walters, P.A.

New Registered Office Address:

2 North Tamiami Trail, Suite 400

Enter Florida street address

Sarasota

City

Florida

34236

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.

Robert Anoud by Sarah
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	Daniel J. Howard, DPM	2750 Bahia Vista Street	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 34239	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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