

| (Re                     | questor's Name)   | · ·                                   |
|-------------------------|-------------------|---------------------------------------|
| . (Ad                   | dress)            |                                       |
| (Ad                     | dress)            |                                       |
| (Cit                    | y/State/Zip/Phone | e #)                                  |
| . PICK-UP               | WAIT              | MAIL                                  |
| (Bu                     | siness Entity Nan | ne)                                   |
| (Do                     | cument Number)    | · · · · · · · · · · · · · · · · · · · |
| Certified Copies        | _ Certificates    | of Status                             |
| Special Instructions to | Filing Officer:   |                                       |
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**EXAMINER** 



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SECRETARY OF STAIL OIVISION OF CORPORATION

## **COVER LETTER**

| 10: Registration Section Division of Corporations |   |   |   |  |  |
|---|---|---|---|--|--|
| SUBJECT: LIFETEK DRTHOBIOLOGICS, LLC              |   |   |   |  |  |
|   | (Name of Limi                                     | ted Liability Company)  |   |  |  |
|   |   |   |   |  |  |
| The enclosed Articles of A                        | Amendment and fee(s) are sub                      | mitted for filing.  |   |  |  |
| Please return all correspor                       | ndence concerning this matter                     | to the following:   |   |  |  |
|   | mic   | Michael Evertsen  |   |  |  |
|   | (Name of Person)                                  |   |   |  |  |
|   | LIPETER ORTHOBIOLOGICS, LLC                       |   |   |  |  |
| (Firm/Company)                                    |   |   |   |  |  |
|   | 1912 NW 67th Place                                |   |   |  |  |
|   |   | (Address)   |   |  |  |
|   | Gainesu   | ille, PL 32653  |   |  |  |
|   |   | (City/State and Zip Code)   | <del></del>   |  |  |
| For further information co                        | oncerning this matter, please ca                  | ıll:  |   |  |  |
| Michael E   | vertsen   | at (352) 373 - 465<br>(Area Code & Daytime Tel                      | 52  |  |  |
| (Name o   | f Person)   | (Area Code & Daytime Tel  | ephone Number)  |  |  |
| Enclosed is a check for the                       | e 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) |  |  |
| Registra  | NG ADDRESS:<br>ation Section<br>n of Corporations | STREET/COURIER A<br>Registration Section<br>Division of Corporation | •   |  |  |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LIFETEK Orthobia   |  |   |
|--|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appears on or<br>Liability Company) | ır records.)                            |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LO300000 2958</u>           | were filed on $OI/2$                             | 7 (03 and assigned                      |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liab  | bility company here:                             |   |
| NIA  |  |   |
| The new name must be distinguishable and end with the words "Lim "L.L.C."  | ited Liability Company," th                      | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  | NA   |   |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 180<br>SIA1                             |
| Enter new mailing address, if applicable:  |  | OF TARY D                               |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | 2: 09<br>2: 09                          |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |  | cords, enter the name of the new        |
| Name of New Registered Agent:  | A  |   |
| New Registered Office Address:   |  |   |
|  | (Enter Fl  | orida street address)                   |
|  | (7:4)  | , 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name                 | Address  | Type of Action |
|--------------|----------------------|--|----------------|
| mer          | LIPETER HOLDINGS, LI | Mariety, GA 30067                                    | Add Remove     |
| MGRI         | n Endoplant AG       | Erlenstrasse 4A 6343 Rotkrætz Switzerland            | Add Remove     |
| MGR          | michael Evertsen     | 3359 Perrington Pointe<br>marietle, GA 300620        | Add  Remove    |
| <del></del>  |                      |  | Add Remove     |
| <del></del>  |                      |  | Add Remove     |
|              | <u> </u>             |  | Add Remove     |
| D. If an     |                      | hange(s) here: (Attach additional sheets, if necessa | (איני)         |
|              | ν/4                  |  | <del></del>    |
|              |                      |  | <del></del>    |
|              |                      |  |                |
| Dated        | November 12th        | 2008   |                |
|              |                      |  |                |
|              |                      | ember or authorized representative of a member       | <del></del>    |
|              | Michael              | Evertsen   |                |
|              | T                    | yped or printed name of signee                       |                |

Page 2 of 2

Filing Fee: \$25.00