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2016 SEP 16 A 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 27 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pediatric Orthopedics of Southwest Florida, PLLC

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:

George H. Knott, Esq.

Name of Person

Knott Ebelini Hart

Firm/Company

1625 Hendry Street, Suite 301

Address

Fort Myers, Florida 33901

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George H. Knott

239 334-2722
at ()

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

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2016 SEP 16 A 7:35
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pediatric Orthopedics of Southwest Florida, L.L.C.

(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 May 12, 2003 and assigned
Florida document number L03000016970.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pediatric Orthopedics of Southwest Florida, PLLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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.

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>
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

See attachment.

2016 SEP 16 AM 11:35
STATIONERY DIVISION
FALL ARMY CENTER

7700

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 03 MAY 2016,

F. Brett Shannon

Signature of a member or authorized representative of a member

F. Brett Shannon, D.O.

Typed or printed name of signee

AMENDMENTS
TO
ARTICLES OF ORGANIZATION
FOR PEDIATRIC ORTHOPEDICS OF SOUTHWEST FLORIDA, PLLC

The following provisions of the Company's Articles of Organization are hereby supplemented and amended:

ARTICLE IV

The professional limited liability company is organized for the sole purpose of rendering professional medical services and conducting such other business as may be conducted under the provisions of Chapter 621, Florida Statutes.

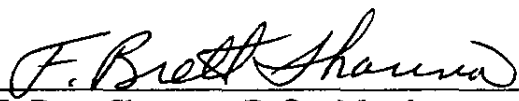
ARTICLE IX

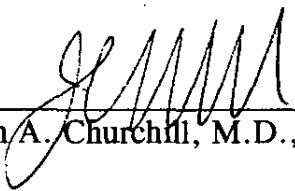
The Company shall be managed by its Members.

ARTICLE X

The Members of the Company have elected to bring the Company within the provisions of the Professional Service Corporation and Limited Liability Company Act as set forth in Chapter 621, Florida Statutes.

IN WITNESS WHEREOF, we have signed these Amendments to the Articles of Organization for Pediatric Orthopedics of Southwest Florida, PLLC as of this 3rd day of MAY, 2016.


F. Brett Shannon, D.O., Member


John A. Churchill, M.D., Member

FILED
2016 SEP 16 A 7:30
STATE OF FLORIDA
TALLAHASSEE, FLORIDA