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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sports Medicine and Surgical Specialist of the foot, ankle, and lower leg, p.l.l.c.
(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:

Dr. Jose A. Rivera

(Name of Person)

(Firm/Company)

2720 Rebecca Lane Suite 102

(Address)

Orange City, FL 32763

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dr. Jose A. Rivera

(Name of Person)

at (407) 252-6883

(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Sports Medicine and Surgical Specialist of the foot, ankle, and lower leg, P.L.L.C.

(Present Name)
(A Florida Limited Liability Company)

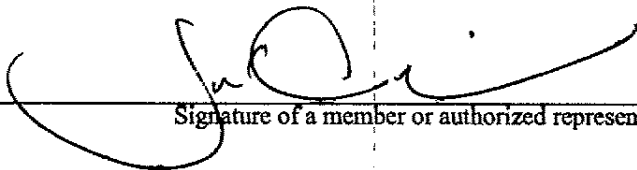
FIRST: The Articles of Organization were filed on 10/7/04 and assigned document number L04000072667.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

NAME AND ADDRESS CHANGE:

THE INSTITUTE FOR FOOT & ANKLE SURGERY, P.L.L.C.
2720 REBECCA LANE
SUITE 102
ORANGE CITY, FL ~~32773~~ 32763
JAR

Dated OCTOBER 29TH, 2004.



Signature of a member or authorized representative of a member

DR. JOSE A. RIVERA

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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