

L04000072667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

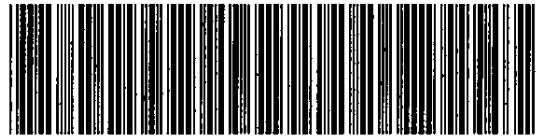
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10 MAR 15 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell MAK 16 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Institute for Foot & Ankle Surgery, 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:

Adaobi Oguchi

Name of Person

Firm/Company

P.O. Box 471278

Address

Lake Monroe, FL 32747

City/State and Zip Code

dobis77@yahoo.com

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

For further information concerning this matter, please call:

Adaobi Oguchi

Name of Person

at (407)

529-4272

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

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

The Institute for Foot & Ankle Surgery, P.L.L.C.
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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10 MAR 15 AM 11:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/07/2004 and assigned
Florida document number L04000072667.

This amendment is submitted to amend the following:

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

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

955 Town Center Drive, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Orange City, FL 32763

Enter new mailing address, if applicable:

P.O. Box 471278

(Mailing address MAY BE A POST OFFICE BOX)

Lake Monroe, FL 32747

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:

Adaobi Oguchi

New Registered Office Address:

1659 Astor Farms Place

Enter Florida street address

Sanford

Florida

32771

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|------------------------------------------------------|----------------------------------------------------------------------------|
| MGR | Jose A. Rivera, DPM | 917 Rinehart Road, Suite 2061 Lake Mary, FL 32746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Marielle Navarro | 917 Rinehart Road, Suite 2061 Lake Mary, FL 32746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Adaobi Oguchi | P.O. Box 471278 Lake Monroe, FL 32747 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

FILED
10 MAR 15 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated March 9th, 2010

Signature of a member or authorized representative of a member
Jose A. Rivera, DPM

Typed or printed name of signee