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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Orthopeo	lic Adventures, LLC (Name of L	imited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Herb Norbom		
	(Name of Person)	
10.44	anagement Inc		
<u> </u>	anagement, Inc.	(Firm/Company)	——————————————————————————————————————
300 S. Du	ıncan Ave., Suite 275		·
		(Address)	
Cle	earwater, FL 33755		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Herb Norbom		at (727) 461-770	0
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Fort I to test Code	6.H		
Enclosed is a check for the \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	27 \$60.00 FUTALTee,
323.00 Fring Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING ADDRE	
Registration Section Division of Corporations		Registration Section Division of Corporate	tions 22
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, Florida	32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTHOPEDIC ADVENTURES, LLC

	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on OCTOBER 14, 2004 and assigned document number L04000074798 .
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
ARTICLE I -Name HOSPITAL ADVE	: The name of the Limited Liability Company was changed from ORTHOPEDIC ADVENTURES, LLC to NTURES, LLC.
	, ,
Dated Augu	ust 24 . 2005 . TALLAHASSEEL PH. C. F.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00