## L06000020479

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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T. MATTHEWS FEB 1 4 2022

## **COVER LETTER**

TO:

TO: Registration ! Division of Co			
cupicer. UHPP1C	ANE ORTHOPEDICS LLC		i
SUBJECT: HORRIC	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles (	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ALFRED R MASSAM	Name of Person	
	HURRICANE ORTHOPE		
	2560 HO HICHBUAY 27 N	Firm/Company	
	3750 US HIGHWAY 27 N	Address	
	SEBRING FLORIDA 338	70 City/State and Zip Code	
	orangebob275@yahoo.com E-mail address: (	to be used for future annual report not	ification)
For further information	n concerning this matter, please ca	all:	
LAURA KRETZ Nam	e of Person	at (863 ) 385 3611 Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
_	Corporations	Division of Co	rporations
P.O. Box 6		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
rananassee	e, FL 32314	4713 14, 1410 III.	20 54 664 50 21.0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HURRICANE ORTHOPEDICS LLC

(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 <u>02/24/2006</u>	and assigned
Florida document number <u>L06000020479</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3750 US Highway 27 NORTH	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 4F	
	SEBRING,FLORIDA 33870	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
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 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>	Name	Address Type of	
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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effective date is listed, e: If the date inserte	r than the date of the date must be speci- ed in this block does ate on the Departmen	fic and cannot be pr not meet the app	ior to date of filing t licable statutory f	or more than 90 days	optional) after filing.) Pursuant , this date will not b	to 605,02 be listed
cord specifies a dela s filed.	yed effective date, b	ut not an effective	e time, at 12:01 a	m. on the earlier o	f: (b) The 90th da	y after th
ed JANUARY 28			·			
	MINTER	7.1.	1.			
	MUM	: WXX.	<i>としてい</i>	tive of a member		_

Typed or printed name of signee