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EXAMINER



100238186921

08/09/12--01007--023 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ORtho Florida LLC 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:
Name of Person
Oetho Florida LLC Firm/Company
660 GIAGUER ROED #460
Boca Rather Florida 35431 City/State and Zip Code
4-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at Sel 200 - 177 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number Locoll 878	by were filed on $12/13/2006$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- R
Enter new mailing address, if applicable:	m- TP Park
(Mailing address MAY BE A POST OFFICE BOX)	77 7 17
Intuining universe MAX BE AT UST OFFICE HOAT	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
Name David and Office Addition	
New Registered Office Address:	Enter Florida street address
	THE COLOR
	, Florida
New Registered Agent's Signature, if changing Registered Agen	
New Registered Agent's Signature, it changing Registered Agen	<u>v.</u>
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com	gree to act in this capacity. I further agree to comply with uplete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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.

e s

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>	Name	Address	Type of Action
Tern	Heather Williams	Hour Florida 33 135	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	iding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	4-40m
			-
	Hartin 10	M	
Dated	Signature of a mem	aber or authorized representative of a member	
	- Har B	blom son and part of signer	

Page 2 of 2

Filing Fee: \$25.00