

LD000118780

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(Business Entity Name)

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EXAMINER



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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:

Jason Tocchi
Name of Person

Ortho Florida, LLC
Firm/Company

6600 Glacier Road #460
Address

Boca Raton, Florida 33431
City/State and Zip Code

jtochi@wvhbsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Tocchi at (561) 300-1779
Name of Person 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

Ortho Florida LLC

The Articles of Organization for this Limited Liability Company were filed on 12/13/2006 and assigned Florida document number L04000118780

Page 1 of 2

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:

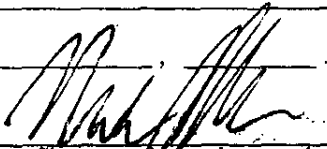
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGM	Heather Williams	3661 S. Miami Ave # 605 Miami, Florida 33133	<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
			<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.)

Dated

7/31/11



Signature of a member or authorized representative of a member

Mark Bromson

Typed or printed name of signee