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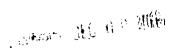
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COVER LETTER

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:							
David Palkovich Name of Person							
Getto Florida LLC. Firm/Company							
660 GIAGLE ROLL #460							
Boca Rathal Florida 33431 City/State and Zip Code							
Delkovich 1 @ 111/105 i com A-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
DAVID PAIKOVICH at 941730-4965 Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ S\$30.00 Filing Fee & S\$55.00 Filing Fee & S\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 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 12/13/2006 and assigned Florida document number 40000118780
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:
Enter Florida street address , Florida City Zip Code
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 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
1GR	Charles	Doman, MD	730 A West Palmetto Pour Rd Sucte 100 B Boxa Ration, Fl 33433	→ Add □ Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amend	ling any other is	nformation, enter change	(s) here: (Attach additional sheets, if necessary.)	- 3
Dated		Mark Brown	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00