

LO7000013993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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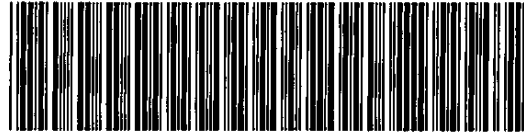
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Insight Ortho Solutions 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:

Rafael A. Romero

(Name of Person)

Insight Ortho Solutions LLC

(Firm/Company)

1801 E. Colonial Dr. Suite 207

(Address)

Orlando, Florida 32803

(City/State and Zip Code)

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For further information concerning this matter, please call:

Rafael A. Romero

(Name of Person)

at ( 321 ) 695-1416

(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Insight Ortho Solutions, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on February 7, 2007 and assigned document number L07000013993.

**SECOND:** This amendment is submitted to amend the following:

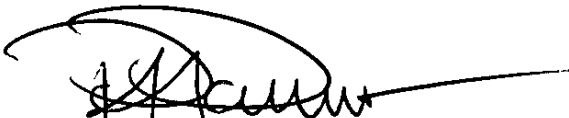
The name of the Limited Liability Company should be amended to  
read as follows: Insight Orthopedic Solutions, LLC.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

FILED

Dated February 12th, 2007.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rafael A. Romero

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**