

04/04/2008 10:15 F

LEGALZOOM

005/008

Division of Corporations

Page 1 of 1

**LD7000111990**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H08000086507 3)))



H080000865073ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**CITRUS ORTHO 2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

08 APR -4 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR -4 AM 8:38

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**T. HAMPTON**

APR -7 2008

**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Citrus Ortho 2 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:

Francyne Carrillo

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Francyne Carrillo

(Name of Person)

at ( 323 ) 962-8600

(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR -4, AM 8:38

Citrus Ortho 2 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 11/06/2007 and assigned  
Florida document number L07000111990

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."

**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: Susan H. Williams  
New Registered Office Address: 113 B Miller Mac Road  
(Enter Florida street address)  
Apollo Beach, Florida 33572  
(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.*

Susan H. Williams  
(If Changing Registered Agent, Signature of New Registered Agent)

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

Title	Name	Address	Type of Action
MGRM	William C. Williams	1312 Apollo Beach Blvd ste L Apollo Beach, FL 33572	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Susan H. Williams	113 B Miller Mac Road Apollo Beach, FL 33572	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated

March 3, 2008

Susan H. Williams  
Signature of a member or authorized representative of a member

Susan Williams, Member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR -4, AM 8:39