P. 001

Page 1 of 1

## Florida Department of State

Division of Corporations 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.

(((H12000095473 3)))



H120000954733ABC+

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 : EXPRESS CORPORATE FILING SERVI

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for Euturiannual report mailings. Enter only one email address please

Email Address:

RECEIVED Zaprii Phiz: 48 Eoretany of stafe

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZUL ORTHOPAEDICS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 APR II AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AZUL (	ORTHOPAEDICS, LI	_C	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appeda Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	04/07/2009	and assigned
Florida document numberL09000033801	·		
This amendment is submitted to amend the following	<b>g:</b>		
A. If amending name, enter the new name of the	imited liability company he	re:	
AZUL	ORTHOPEDICS; LLC		
The new name must be distinguishable and end with the L.L.C."	words "Limited Liability Comp	pany," the designation "I	LC" or the abbrev
Enter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET AD</u>	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
		•	
3. If amending the registered agent and/or re		our records, enter t	he name of the
egistered agent and/or the new registered office a	daress here:		
Name of New Registered Agent:		·	···
New Registered Office Address:			
	E	nter Florida street addi	ress
		, Florida	
		, ~	

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Acti
			Add Remove
			Remove
			Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necess	型
			E COMP
			A = =
	<del>.</del>		E.D.
			STATE
			~
 		of authorized reviewentative of a member	

Page 2 of 2