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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CERTIFIED FOOT & ANKLE SPECIALISTS, LLC.

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2019 OCT 22 PM 8:18

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OCT 22 2019

T. LEMIEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

CERTIFIED FOOT & ANKLE SPECIALISTS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 OCT 22 P 1:44

The Articles of Organization for this Limited Liability Company were filed on 07/02/2009

ALLAHACSSIE, FLORIDA
and assigned

Florida document number L09000064233

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2609 Woolbright Rd 3-A

(Principal office address MUST BE A STREET ADDRESS)

Boynton Beach, FL 33436

Enter new mailing address, if applicable:

2609 Woolbright Rd 3-A

(Mailing address MAY BE A POST OFFICE BOX)

Boynton Beach, FL 33436

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:

Embrace Orthopedic Holdings, LLC

New Registered Office Address:

2609 Woolbright Rd 3-A

Enter Florida street address

Boynton Beach

Florida 33436

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 605, 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.

Kyle J. Kinnon

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KINMON, KYLE J	1601 clint moore rd #130	<input type="checkbox"/> Add
		SUITE 130	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33487	<input type="checkbox"/> Change
AMBR	Embrace Orthopedic Holdings, LLC	2609 Woolbright Rd 3-A	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee