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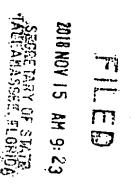
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO:	Registration S Division of Co					
CUD IEZ		ance Prosthetics & Orthotics F	P.L.			
SUBJEC		Name of Lim	ited Liability Company			
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	pondence concerning this matter	to the following:			
		Charles R. Higdon V				
		Performance Prosthetics &	Name of Person Orthotics P.L.			
		3010 N. 12th Ave	Firm/Company			
		Pensacola, FL 32503	Address			
		quint@performancepo.com	City/State and Zip Code		4:	
			to be used for future annual report notification	in i	SEATTAN SEATTAN	
For furth	er information	concerning this matter, please co	all:		NON L	ri
Charles	R Higdon V		850 607-6126		ARY See	
	Name	of Person	Area Code Daytime Tele	phone Number	AH 9:	TILED
Enclosed	Lis a check for	the following amount:			50 H 23	_
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	.*

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

Performance Prosthetics & Orthotics P.L.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L10000044163		and assigned
This amendment is submitted to amend the following:	 -	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Lability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		ZOIB NO
 If amending the registered agent and/or registered agent and/or the new registered office additional agent. 		enter the name of the h
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	\$ [™] 23
	, Flori	ida
	Cuy	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.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name Robert W. Baumann, Jr.	Address 3010 N. 12th Ave	Type of Action
MG RM 		Pensacola, FL 32503	□ Add
			■ Remove
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Effective date, if other than the d	ate of filling.	(optional)	23	
(If an effective date is listed, the date must	e specific and cannot be prior to date of filing c k does not meet the applicable statutory f	or more than 90 days after filing.) Pursuar	n to 605,02 be listed (97 (3 as th
the record specifies a delayed) The 90th day after the reco	effective date, but not an effectived is filed.	e time, at 12:01 a.m. on the	earlier	of:
Dated	2018			
Than	guature of a member or authorized representa-	tive of a member	— 	
Charles B 10 1 1				
Charles R. Higdon V				
	Typed or printed name of signed	e e		

Page 3 of 3

Filing Fee: \$25.00