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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

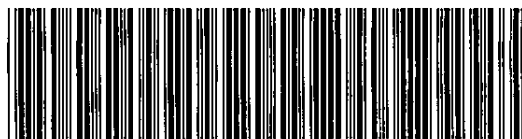
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 19 PM 4:53
TALLAHASSEE, FLORIDA

5mm 9/20/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHONDROPAW, 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:

CESAR R. NIEVES

Name of Person

CHONDROPAW, LLC

Firm/Company

3221 NW 10TH TERRACE, SUITE 505

Address

OAKLAND PARK, FL, 33309

City/State and Zip Code

cfo@chondropaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILAIMY MIRABAL

Name of Person

954 533-8529
at (_____) _____
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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 MAY 19 PM 4:53

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DIVISION OF CORPORATIONS

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

CHONDROPAW, 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 05/07/2010 and assigned
Florida document number L10000049622.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHONDROPAW, LLC

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:

3221 NW 10TH TERRACE SUITE 505

(Principal office address MUST BE A STREET ADDRESS)

OAKLAND PARK, FL, 33309

Enter new mailing address, if applicable:

3221 NW 10TH TERRACE SUITE 505

(Mailing address MAY BE A POST OFFICE BOX)

OAKLAND PARK, FL, 33309

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

Dated MAY, 13 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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15 MAY 19 PM 4:53
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