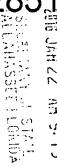
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COVER LETTER

	egistration Sectivision of Corp			
orin in om		EASES OF HUNTERS CREE	K, L.LC.	
SUBJECT	:		ted Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retur	rn all correspor	ndence concerning this matter to	o the following:	
		DAVID HENDRICKS		
		".	Name of Person	
		BLUE DIAMOND ORTHO	PEDIC	
			Firm/Company	
		6439 MILNER BLVD, SUI	TE 4	
			Address	
		ORLANDO, FL 32809		
			City/State and Zip Code	
		DAVID.H@BLUEDORTHO		
		E-mail address: (to	be used for future annual report notification	ation)
For further	information co	oncerning this matter, please cal	II:	
DAVID HI	ENDRICKS		407 613-2001 at ()	
	Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

LUXURY LEASES OF HUNTERS CREEK, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/11/2010	and assigned
Florida document number L10000051148		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BLUE DIAMOND ORTHOPEDIC, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6439 MILNER BLVD SUITE 4	28 1A
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32809	Car engine
-		- 1000 CE 1000
		352 2
Enter new mailing address, if applicable:	6439 MILNER BLVD SUITE 4	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32809	<u> </u>
		<u> </u>
		,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
registered agent and/or the new registered office address ner	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		.	☐ Add
			Remove
		<u></u>	☐ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
		·	Remové
			□ Add 22
			□ Add
			TRemove
			☐ Change

f amending any other informa	ion, enter change(s) here: (Attach additional she	eets, if necessary.)
		
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ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior to date of filing or more than been does not meet the applicable statutory filing require partment of State's records. effective date, but not an effective time, a	ements, this date will not be listed as
JANUARY 19 ted	2016	
	<u></u>	
-fland	Signature of a member or authorized representative of a mer	nber E
DAVID HENDRICKS,	CEO/PRESIDENT	
- I I I I I I I I I I I I I I I I I I I	Typed or printed name of signee	22 SE
	Page 3 of 3	9:2
	Filing Fee: \$25.00	20 104

Filing Fee: \$25.00