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## COVER LETTER,

Division of Corporations N & J Foot And Ankle Specialist, LLC SUBJECT: \_ 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: Jose R Rodriguez Name of Person N & J Foot And Ankle Specialist, LLC Firm/Company 2835 29th Ave NE Address Naples FL 34120 City/State and Zip Code niurkaherrera09@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305-0847 Niurka Herrera Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$55.00 Filing Fee & 3\$60.00 Filing Fee, **✓** \$25.00 Filing Fee \$30.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

N & J Foot And Ankle Specialist, LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization for this Company value of Organization for the Organization for this Company value of Organization for the Organization for t	vere filed on September 13, 2010 and assigned	ed
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbr	eviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		23
		<i>≦</i>
	2	35
	~ 2	
Enter new mailing address, if applicable:	25	_ <u></u>
(Mailing address MAY BE A POST OFFICE BOX)		0 0 0 1 1 1 1
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	<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>	<u>육</u> 된
	ယ ာ	<u>5</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>hé^new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

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:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Niurka Herrera	2835 29th Ave NE Naples FL 34120	
			Remove
			□ D
			<b>=</b> _
			Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if	necessary.)
_			
	January 25		<del></del>
Dated		1se R Rochuguez	
	Signature	f a member or authorized rearesentative of a member	
		Jose R Rodriguez Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00