

1/2/2018

Division of Corporations

L11000019355

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EL JARDIN PHARMACY #2, LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

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

EL JARDIN PHARMACY #2, 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 02/15/2011 and assigned  
Florida document number L11000019355.

This amendment is submitted to amend the following:

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

ULTRA ORTHOPEDICS, 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:

(Principal office address MUST BE A STREET ADDRESS)

1840 WEST 49TH STREET

SUITE 233

HIALEAH, FLORIDA 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1840 WEST 49TH STREET

SUITE 233

HIALEAH, FLORIDA 33012

**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:

ANA CRISTINA MUNOZ

New Registered Office Address:

1840 WEST 49TH STREET; SUITE 233

Enter Florida street address

HIALEAH

City

Florida 33012

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>
MGR	VALHUERDI, LUCY J	3112 WEST 76 STREET	<input type="checkbox"/> Add
		HIALEAH, FLORIDA 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUNOZ, ANA CRISTINA	1840 WEST 49TH STREET	<input type="checkbox"/> Add
		SUITE 233	<input type="checkbox"/> Remove
		HIALEAH, FLORIDA 33012	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)

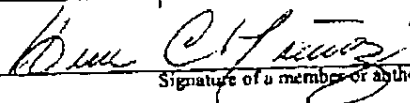
Lined area for amendments.

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated FEBRUARY-02, 2018

  
Signature of a member or authorized representative of a member

ANA CRISTINA MUNOZ

Typed or printed name of signer