## L11000124335

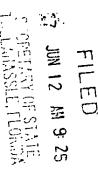
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D. SCOTT JUN 1 3 2017

## **COVER LETTER**

P.O. Box 6327 Tallahassee, FL 32314

| TO:      | Registration Sec<br>Division of Corp |   | ;   |         |
|----------|--------------------------------------|---|---|---------|
| SUBJE    | ECT:                                 | Auvanced O.                                     | rthopedics LLC  |         |
|          |                                      | Name of Limite                                  | rthopedics LUC ed Liability Company   |         |
| The en   | closed Articles of A                 | Amendment and fee(s) are subm                   | nitted for filing.  |         |
| Please   | return all correspor                 | ndence concerning this matter to                | the following:  |         |
|          |                                      | NO  | PL LECHTMEN, Esq.   |         |
|          |                                      |   | Name of Person  |         |
|          |                                      |   | 4   |         |
|          |                                      | 717   | Firm/Company  |         |
|          |                                      | CO 19   | Box 2083<br>Address   |         |
|          |                                      |   | Address   |         |
|          |                                      | Hongin  | City/State and Zip Code   |         |
|          |                                      |   | City/State and Zip Code   |         |
|          |                                      | ithle Or  | acl. com be used for future annual report notification)                                 |         |
| For fur  | ther information co                  | ncerning this matter, please cal                | -4,   |         |
|          | Mone Li                              | EGANNON, ESR.                                   | at (954) 457 - 4357   | 温見      |
|          | Name of                              | Person /  | Area Code Daytime Telephone Number  | 2 图     |
| Enclose  |                                      | e following amount:                             |   | M 9: 25 |
| र्छ \$25 | 5.00 Filing Fee                      | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) | tatus & |
| •        | MAII II                              | NG ADDRESS:                                     | STREET/COURIER ADDRESS:   |         |
|          | Registra                             | tion Section of Corporations                    | Registration Section Division of Corporations   | •       |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ol   | F  | さった 気が                      |  |  |  |  |
|--|--|-----------------------------|--|--|--|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li   | pedics UC<br>vasit now appears on our records.)<br>iability Company) | EN TILE                     |  |  |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on  | //and assigned              |  |  |  |  |
| Florida document number <u>L11000124335</u>  |  | <b>9</b>                    |  |  |  |  |
| This amendment is submitted to amend the following:  |  | 25<br>EA                    |  |  |  |  |
| A. If amending name, enter the new name of the limited liabil  | lity company here:   |                             |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "LLC" o                                 | r the abbreviation "L.L.C." |  |  |  |  |
| Enter new principal offices address, if applicable:  | 3355 Burns Dono,   | Suite 304                   |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | 9355 Burns Domo, Suite 304<br>Palm Beach Gardons, FZ 33410           |                             |  |  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                     | 2355 Burns Roa<br>Prilm Beach Garde                                  | o Ste. 304<br>ns, FZ 33410  |  |  |  |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, g                                       | enter the name of the new   |  |  |  |  |
| Name of New Registered Agent:  |  |                             |  |  |  |  |
| New Registered Office Address:   | 3355 Bums Resto  |                             |  |  |  |  |
| Pam Bawi   | Gerdens', Flori  | da 33410<br>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

| MGR = M<br>AMBR = Ai | anager<br>uthorized Member | •            |                |
|----------------------|----------------------------|--------------|----------------|
| <u>Title</u>         | <u>Name</u>                | Address      | Type of Action |
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| an effective da<br>ote: If the d | te, if other than that ate is listed, the date inserted in this | must be specific<br>s block does no | and cannot be<br>at meet the a | prior to date of a                    | iling or mo | ore than 90 da<br>requiremen | iys after filin<br>nts. this dat | ig.) Pursuant to<br>te will not be | listed      |
| cument's e                       | ffective date on the  | Department o                        | of State's rec                 | ords.                                 |             |                              |                                  |                                    | ľ           |
|                                  | pecifies a delay<br>day after the r                             |                                     |                                | t not an eff                          | ective ti   | me, at 1                     | 2:01 a.m                         | on the ear                         | วี ่        |
| ated                             | June  | 7                                   | _, <u>201</u>                  | re Iach                               |             | 6                            |                                  |                                    | M 9 25      |

Page 3 of 3

Filing Fee: \$25.00