

L12000063280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

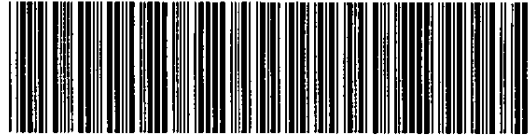
Special Instructions to Filing Officer:

A. LUNT

JUL 18 2011

EXAMINER

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2012 JUL 16 PM 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Innovative Orthopedics of Central Florida LLC  
Name of Limited Liability Company

2012 JUL 16 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Silverberg  
Name of Person

Innovative Orthopedics of Central Florida LLC  
Firm/Company

1701 S.E. HILLMOOR DR. SUITE A-1  
Address

PORT ST. LUCIE, FL. 34952  
City/State and Zip Code

accumedrehab@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Silverberg at (772) 370-2121  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Innovative Orthopedics of Central Florida 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 5/10/2012 and assigned  
Florida document number L12000063280.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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

\_\_\_\_\_, 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 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.*

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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Barry Goddard	1616 Meadow Gold Court Winter Park, FL 32792	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 2012 JUL 16 PM 3:06  
 SECOND JUDICIAL CIRCUIT  
 PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated July 11 2012

[Signature]  
 Signature of a member or authorized representative of a member

DR. RONALD S. SILVERBERG  
 Typed or printed name of signee

July 11<sup>th</sup> 2012

Dear Ronald Silverberg & Gary Kafka,

I Barry M. Goddard hereby resign/relinquish my partnership shares of Innovative Orthopedic Surgeons of central FL L.L.C to the remaining partners Ronald Silverberg and Gary Kafka. My 25% ownership will be distributed evenly between both partners as of 07-11-12

  
Barry M. Goddard

State of Florida - County of Osceola

The foregoing document was acknowledged before me

this 11<sup>th</sup> day of July 20 12 by Barry M. C  
Goddard who produced driver's license FL  
as identification and did/did not take an oath.

Notary Public State of Florida



**FABRICIO BOTTA**

MY COMMISSION # DD973170

EXPIRES March 21, 2014

(407) 388-0153

FloridaNotaryService.com