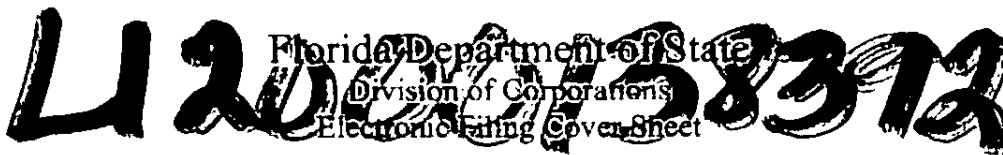


8/27/2019

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

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ORTHEX, LLC**

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SIMMONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orthex, 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 10/31/2012 and assigned
Florida document number L1200013#392

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

4000 Hollywood Boulevard, Suite 620-N

(Principal office address **MUST BE A STREET ADDRESS**)

Hollywood, FL 33021

Enter new mailing address, if applicable:

2850 Frontier Dr.

(Mailing address **MAY BE A POST OFFICE BOX**)

Warsaw IN 46582

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:

Victor Lavi

New Registered Office Address:

4000 Hollywood Boulevard, Suite 620-N

Enter Florida street address

Hollywood

City

Florida 33021

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

Victor Lavi

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	Abraham Lavi	8229 Ranpo Bridge Way,	<input type="checkbox"/> Add
		Delray Beach, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Victor Lavi	4000 Hollywood Blvd., Ste 620-N,	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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302A

19 AUG 27 AM 11 26

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.

Dated August 27 2019

Victor Lavi

Signature of a member or authorized representative of a member

Victor Lavi

Typed or printed name of signee