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## **COVER LETTER**

TO: Registration S  Division of Co		•	
ORTHO-I	ζ, L.L.C.		
	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matter		
	Kerry Anne Schultz		
		Name of Person	
	Fountain, Schultz, Bridgfo	ord, PLLC	
		Firm/Company	
	2045 Fountain Professions	al Court, Suite A	
		Address	
	Navarre, Florida 32566		
		City/State and Zip Code	<del></del>
	kaschultz@foutainlaw.com		
Uon Gushau in Camaraia		to be used for future annual report notif	fication)
For further information (	concerning this matter, please c	all:	
Kerry Anne Schultz		850 939-3535 at( )	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTHO-K, L.L.C. (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 02/10/2014 Florida document number L14000023346 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Taylor Revocable Trust Dated March 27, 2014 ——	3513 Silvergate Way	
		Pensacola, FL 32504	
AMDD			□Change
AMBR ———	Gloria B. Taylor Revocable Trust Dated June 11, 2020	3513 Silvergate Way	<b>\ \ \ A</b> dd
		Pensacola, FL 32504	□Remove
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Filing Fee: \$25.00