

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000264102 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number: 072262000447 Phone : (561)842-3000 Fax Number : (561)842-3626 Fax Number

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

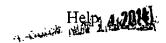
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🕏 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUPITER ORTHOPEDICS AND SPORTS MEDICINE LLC

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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



H14.0002641023.



Novembar 13, 2014

FLORIDA DEPARTMENT OF STATE

JUPITER ORTHOPEDICS AND SPORTS MEDICINE LLC 2055 MILITARY TRAIL SUITE 204

JUPITER, FL 33458

SUBJECT: JUPITER ORTHOPEDICS AND SPORTS MEDICINE LLC

REF: L14000172385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

FAX Aud. #: H14000264102 Letter Number: 314A00024144

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Jupiter Orthopedics and Sports Medicine LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cathleen D. Ward, Esq.
Name of Person
Ward Damon, Law Offices
Firm/Company
4420 Beacon Circle
Address
West Palm Beach/FL 33407
City/Smte and Zip Code
cward@warddamon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathleen D. Ward, Esq.

,561,8423000

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

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

Jupiter Orthopedics and Sports M	Medicine LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on November 5, 2014	and assigned
Florida document number L14000172385	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Jupiter Orthopedics and Sports Medicine PLI	LC	
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	<u> 58 8 "T</u>
		oranata
		(γ) Δ §
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		\$3 3
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
		-r

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			□ Remove
			TALLANDY TO NOW THE PROPERTY OF THE PROPERTY O
			Remove
			DAdd □
			☐ Remove
			□ Remove
			☐ Remove

	The sole and specific purpose for which this Limited Liability Company is formed is to provide medical services.
THE OF	tive date, if other than the date of filing: January 1, 2015 ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State)
Dated	November 13 2014
Date	
Date	('ADh La)

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Filing Fee: \$25.00