



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**To:**

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

**From:**

Account Name : FILINGS, INC.  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AFCN LLC**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

AFCN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2014 OCT 11 PM 2:03

The Articles of Organization for this Limited Liability Company were filed on November 10, 2014 and assigned  
Florida document number LI4000174826

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*

*City*

*, Florida*

*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

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For each 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	KINMON, KYLE	1601 CLINT MOIORE RD	<input type="checkbox"/> Add
		BOCA RATON, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Embrace Orthopedic Holdings, LLC	1601 CLINT MOORE RD	<input type="checkbox"/> Add
		SUITE 130	<input type="checkbox"/> Remove
		BOCA RATON, FL 33487	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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*[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]*

**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 October 11 2019

Signature of a member or authorized representative of a member

Typed or printed name of signer