

L15000105382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

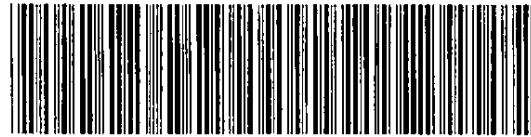
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN 13 PM 2:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUN 15 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ortho Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Irizarry

Name of Person

Ortho Investments, LLC

Firm/Company

1761 Coral Way

Address

Miami, FL 33145

City/State and Zip Code

justin@orthonowcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Irizarry

305

735-1415

at (_____))

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**

Ortho Investments, 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 June 17, 2015 and assigned
Florida document number L15000105382.

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 _____
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 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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TALLAHASSEE, FLORIDA

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	Herrera-Teran, Francisco	1901 Brickell Avenue	<input type="checkbox"/> Add
		Apartment 1406	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33129	<input type="checkbox"/> Change
MGR	Leon, Francisco	6311 Riviera Drive	<input type="checkbox"/> Add
		Miami, Florida 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samarjian, George	6 Farrey Lane	<input type="checkbox"/> Add
		Miami, Florida 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
CLERK OF THE COURT
JANET M. HARRIS

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 1, 2017

Justin Vizcarra
Typed or printed name of signer

Filing Fee: \$25.00

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U.S. DISTRICT COURT
MIDDLE DISTRICT
FLORIDA