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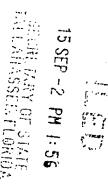
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COVER LETTER

Divisi	ion of Corp	orations		
SUBJECT: _	AVAGE M	EDICAL DESIGN LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Michael J. Faehner, Esq.		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		M Faehner Esq LLC		
			Firm/Company	·
		600 Bypass Drive, Suite 10	00	
			Address	
		Clearwater, FL 33764		
			City/State and Zip Code	
		filings@mfaehner.com		
		E-mail address: (to be used for future annual report	notification)
For further info	ormation cor	ncerning this matter, please ca	all:	
MICHAEL J. I	FAEHNER		727 443-519 at ())
	Name of I	Person	Area Code Da	ytime Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ng 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)

TO:

Registration Section

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

SAVAGE MEDICAL DESIGN LLC	,	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/27/2015	and assigned
Florida document number L15000127586		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u>.= </u>	
	3	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amounting the marietaned agent and/an accidenced a		4b
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		er the name of the nev
	-	E6 5
Name of New Registered Agent:		SE SE
New Registered Office Address:		San V Frain
	Enter Florida street address	TO PA IN
	, Florida	50 - 12
	City	Zif Gode

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 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>	Type of Action
MGR	SIDNEY W. KILGORE	Post Office Box 1161	Add
		Cary, NC 27512-1161	□ Remove
			□ Change
			Add
			Remove
			☐ Change
			
			Remove
			☐ Change
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ective date, if other than the date of fil reffective date is listed, the date must be specific	ing:	(optional)	ant to 60 5 (
te: If the date inserted in this block does no	t meet the applicable statutory filing	requirements, this date will ne	ot be listed
cument's effective date on the Department of	f State's records.		
record specifies a delayed effective he 90th day after the record is file		me, at 12:01 a.m. on th	e earlie
The Sour day after the record is the	. .		
ed August 26	2015		
	-,/ ==== .		
(helist -	Jarane_		
	a member of authorized representative	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: **\$**25.00