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D. SCOTT MAR 2 7 2017

COVER LETTER

TO: Registration Division of C				
Nexgen (SUBJECT:	Osteobiologics, LLC			
	Name of Lin	nited Liability Company		
	of Amendment and fee(s) are sub-	_		
	Donielle Robinson			
		Name of Person		
	Jayaram Law Group, Ltd.			
		Firm/Company		
125 S. Clark Street 17th Floor				
		Address		
	Chicago, IL 60603			TASE 17
		City/State and Zip Code		CRE S T
	mark@nexgenosteobiologi E-mail address: (cs.com to be used for future annual report notifi	cation)	第2 148 158
For further information	concerning this matter, please c	·		MAR 24 PH 34 CRETARY OF STAT LANGASSEE, FLORE
Donielle Robinson		312 212-8676		STAT LORR
Name	e of Person		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 Filin Certificate Certified Co (additional co	of Status &

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

NEXGEN OSTEOBIOLOGICS, LLC		
(Name of the Limited Liabi (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/28/2015	and assigned
Florida document number L15000213399		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Agora Health Solutions, LLC		
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	P F G G	
Timelput office addites in Obl DD /1 STREET /1DD	<u>KL957</u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TA SE SE
		Eg z n
B. If amending the registered agent and/or regi	istered office address on our records, er	iter the name of the h
registered agent and/or the new registered office add		:03 C)
		PRS.
NI CNI D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	
	, Florid	a
	City	7in 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = · Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other	r than the date (of filing:			(optional)	
ctive date, if other effective date is listed, e: If the date inserte	the date must be spe	ecific and cannot b	e prior to date of f	ling or more than 9	0 days after filing.)	Pursuant to 605,020
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ecord specifies	a delayed effe	ctive date, bi	ut not an effe	ctive time, at	: 12:01 a.m. c	on the earlier
ne 90th day afte	r the record is	filed.				7 S Z
March 21	_ /	2017		_		ECR LLL
ed	-H					MAR 24 1 PRETARY OF LANASSEE
{	TY	: /				SSE SSE
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00