

L16 0000 38572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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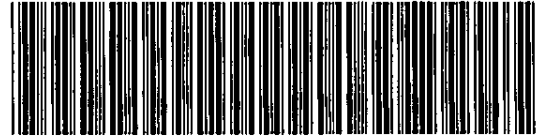
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JAN 30 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Law Offices of
Derek A. Schwartz, P.A.

January 25, 2017

Via Fed Ex
Florida Division of Corporations
REGISTRATION and New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **(1) Name change amendment for Document Number L16000038572**
(2) New Articles of Organization for Scientia Orthopedics LLC

To Whom It May Concern:

Enclosed please find the following:

1. Cover Letter and Articles of Amendment for "Innovative Extremity Solutions LLC" under Document Number L16000038572 (this entity is currently known as "Scientia Orthopedics LLC; however, by this Amendment, the name of the entity will be changed to "Innovative Extremity Solutions); and
2. Cover Letter and Articles of Organization for Scientia Orthopedics LLC.

Please process the documents in Item (1) above BEFORE you process the documents in Item (2) above.

Checks enclosed for the above. Please return all original documents to me.

If you should have any questions, please do not hesitate to call.

Sincerely,


Derek A. Schwartz

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovative Extremity Solutions LLC (f/k/a Scientia Orthopedics LLC)
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Derek A. Schwartz, Esq.

Name of Person

Derek A. Schwartz, P.A.

Firm/Company

4755 Technology Way, Suite 205

Address

Boca Raton, Florida 33431

City/State and Zip Code

derekaschwartz@gmail.com

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

For further information concerning this matter, please call:

Derek A. Schwartz

561 981-8089
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**

Scientia Orthopedics 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 02/24/2016 and assigned Florida document number L16000038572.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Innovative Extremity Solutions LLC

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)

100 Witmer Road

Suite 280

Horsham, PA 19044

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 Witmer Road

Suite 280

Horsham, PA 19044

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TALLAHASSEE, FLORIDA

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

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	John Levin	3300 S. Dixie Highway	<input type="checkbox"/> Add
		Suite 1-259	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33405	<input type="checkbox"/> Change
MGR	Oliver Burckhardt	100 Witmer Road	<input checked="" type="checkbox"/> Add
		Suite 280	<input type="checkbox"/> Remove
		Horsham, PA 19044	<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 type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 JAN 30 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRET
17 JAN 30 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 JANUARY 24 2017

O. Burckhardt

Signature of a member or authorized representative of a member

Oliver Burckhardt

Typed or printed name of signee