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COVER LETTER

		stration Sec sion of Corp				
SUBJEC		ORTHO DN	N LLC			
SCHOLO			Name of Lin	mited Liability Company		 _
The enclo	osed	Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please ret	turn a	all correspond	dence concerning this matte	r to the following:		
			Dane Schlick-Trask			
				Name of Person		
			Ortho Florida, LLC			
				Firm/Company		
			751 Park of Commerce Se	uite 112		
				Address		
			Boca Raton, FL 33487			,
				City/State and Zip Co	ode	
			dtrask@orthoflorida.net			
			E-mail address:	(to be used for future annu	ual report notificatior	1)
For furthe	r inf	ormation con	cerning this matter, please of	call:		
Dane Sch	lick-			813 at ()	787-1128	
		Name of P	erson	Area Code	Daytime Telep	hone Number
Enclosed i	is a c	heck for the	following amount:			
\$25.00	0 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fe Certified Copy (additional copy is		□ \$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**

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SEC	7187ARY (5 PH 12: 4 07-8747E	4
ords.)	13. 15. Com	PLOPICE	•

ORTHO DNN LLC

(Name of the Limited Liability Company as it now appears on our reco

(A Florida Limited	Liability Company)	CEL PLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000043833</u>	y were filed on 03/02/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>:</u>	
(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 of registered agent and/or the new registered office address her	ffice address on our records, e	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	, Florid	aZip Code
lew Registered Agent's Signature, if changing Registered Agent:	·	·
hereby accept the appointment as registered agent and agr.	ee to act in this capacity. I furthe	r agree to comply with

N

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>	Address	Type of Action
AMBR	Dane Schlick-Trask	751 Park of Commerce Drive Suite	
		Boca Raton, FL 33487	■ Remove
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fective date, if other than the in effective date is listed, the date must	date of filing:	or to date of filing or mon	(optional) e than 90 days after filing	.) Pursuant to 605.02
ote: If the date inserted in this bl	ock does not meet the appl	icable statutory filing r	equirements, this date	will not be listed
cument's effective date on the D	epartment of State's record	.s.	<i>.</i>	
record specifies a delayed	d offective date, but r	ot an effective tin	ae at 12:01 a m	on the earlier
The 90th day after the rec	ord is filed.	of all effective thi	ie, at 12.01 a.iii.	on the carrier
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ted	12:42 PM			
Dane Schlick-T	Trask Signature of a member or aut	hariand representative of	'n mamhar	

Page 3 of 3

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