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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGNETARY OF STATE
FALL MEASSIES FLORIDA

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	ORTHO EN	N LLC		
SCOULCI.		Name of Limited Liability	Company	
-		•		
The enclosed	l Articles of A	mendment and fee(s) are submitted for fi	ling.	
Please return	all correspond	dence concerning this matter to the follow	ving:	
		Dane Schlick-Trask		
		Name	of Person	<del></del>
		Ortho Florida, LLC		
		· Firm/	Company	
		751 Park of Commerce Suite 112		
		Ad	dress	<u> </u>
		Boca Raton, FL 33487		
		·	and Zip Code	
		dtrask@orthoflorida.net  E-mail address: (to be used for	C.t. and a life at	(m)
For further in	formation con	cerning this matter, please call:	ruture annual report notificati	on)
Dane Schlick	•	,	787-1128	
	Name of P	erson A	rea Code Daytime Tel	ephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	Certificate of Status Certificate	Filing Fee & fied Copy onal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

pany as it now appears on o	ur records.)
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ability company here:	
bility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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office address on our	records, enter the name of the n
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Enter Florida stre	eet address
	, Florida
n	ability company here: bility Company," the designa

## 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>	Address	Type of Action
AMBR	Dane Schlick-Trask	751 Park of Commerce Drive Suite	
		Boca Raton, FL 33487	■ Remove
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ective date, if other than the neffective date is listed, the date must te: If the date inserted in this bloomers's effective date on the Decument's effective date on the	be specific and cannot be prior to date of filing o ock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
		·
record specifies a delayed he 90th day after the reco		e time, at 12:01 a.m. on the earlier
ed	, 12:42 PM	
Dane Schlick-T	<b>PASK</b> Signature of a member or authorized representat	ive of a member

Page 3 of 3

Filing Fee: \$25.00