# L16000137889

,		
(Re	equestor's Name)	
(Ad	ldress)	
·	ŕ	
		<u>.</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
		,
(Bu	isiness Entity Na	me)
(Do	cument Number	) .
		·
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
·		
		ļ
		[





900292950539

12/08/16--01018--010 \*\*25.00

16 DEC -8 PH 4: 41

T WASHINGTON DEC 1 2 2016

### **COVER LETTER**

SUBJECT: CORDIUM TRAUMA RECOVERY 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:
APPANIA CHIVENCALIT
ARPANA SHIVDASANI Name of Person
Number of Federal
GORDIUM TRAVMA RECOVERY LLC Firm/Company
Firm/Company
4723 W. ATLANTIC AUE, SUITE 19 Address
Address
DELOAN BEACH FL 33445
DELRAY BEACH FL 33445  City/State and Zip Code  a Shiv da sani @ a ordinahealth case, com  E-mail address: (to be used for future annual report notification)
ashivdasanie gordiumhealthease, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
,,
Across Cl. 1. 1
Arpana Shivdasani at (561) 562 - 0624  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
<b>△</b> \$25.00 Filing Fee <b>△</b> \$30.00 Filing Fee & <b>△</b> \$55.00 Filing Fee & <b>△</b> \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Cy o (201UM TRAVMA RECOVE (Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L16000137889</u> .	were filed on $\frac{7/22/2016}{}$ and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)				
	- C - T - T - T - T - T - T - T - T - T			
	mar in			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	POST OFFICE BOX)			
B. If amending the registered agent and/or registered off 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:				

New Registered Agent's Dignature, it 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	Arpana Shivdasani	4723 W. Atlantic Are	<b>Z</b> Add
		Suite 19	□ Remove
		Snite 19 Delray Beach, FL 33445	Change
		<del></del> .	Add
			Remove
			Change
<del></del>			D Add
			Change
		<u> </u>	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			☐ Change

	. = =				
		<u> </u>		<u> </u>	
1					
*****					
	<del></del>				
				77.2	<del>ਨ</del>
				等等 第一章	黑
					<u></u>
					<u> </u>
					PR D
					t: -
				2.5	-
	<u> </u>				
ctive date, if other than the effective date is listed, the date mus		anot be prior to date of	filing or more than 9	(optional) days after filing.) Purs	suant to 605.0
e: If the date inserted in this blo ment's effective date on the De	ock does not meet	t the applicable state			
inient's effective date on the De	partification State	s s records.			
ecord specifies a delayed	l effective dat	e but not an eff	active time at	12:01 a.m. on t	he earlier
ne 90th day after the reco		e, but not an en	ective time, at	12.01 8.111. 011 0	ne came
d 12 01 2016	,		^		
,	$\Lambda$	O(I)	()		
	J. Hr	nber or authorized rep	$\longrightarrow$		
			meantative of a mom	net	

Page 3 of 3

Filing Fee: \$25.00