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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

APR 27 2018

## COVER LETTER

**TO: ,** Registration Section  
Division of Corporations

**SUBJECT:** ORTHO MNN 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:

Dane Schlick-Trask

\_\_\_\_\_  
Name of Person

Ortho Florida, LLC

\_\_\_\_\_  
Firm/Company

751 Park of Commerce Suite 112

\_\_\_\_\_  
Address

Boca Raton, FL 33487

\_\_\_\_\_  
City/State and Zip Code

dtrask@orthoflorida.net

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

For further information concerning this matter, please call:

Dane Schlick-Trask

813 787-1128  
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

ORTHO MNN LLC

The Articles of Organization for this Limited Liability Company were filed on 08/03/2016 and assigned Florida document number L16000145026.

Page 1 of 3

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>
AMBR	Dane Schlick-Trask	751 Park of Commerce Drive Suite	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE

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

Please remove Dane Schlick-Trask as authorized member from ORTHO MNN LLC.

18 APR 26 PM 2:50  
SECURITY DIVISION  
FBI - NEW YORK

**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 04/05/2018 12:42 PM

Dane Schlick-Trask

Signature of a member or authorized representative of a member

Dane Schlick-Trask

Typed or printed name of signee