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SECRETARY OF STATES
ALLAHOSSEF FLADINA

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## **COVER LETTER**

TO: , Regittration : Division of Co			
ORTHO!	MNN LLC		
SUBJECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Dane Schlick-Trask		
	<del></del>	Name of Person	······································
	Ortho Florida, LLC		
		Firm/Company	<del></del> _
	751 Park of Commerce Su	nite 112	
		Address	
	Boca Raton, FL 33487		
		City/State and Zip Code	
	dtrask@orthoflorida.net		
·	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Dane Schlick-Trask		813 787-1128 at ( )	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

ORTHO MNN LLC		
(Name of the Limite ()	d Liability Company as it now appears on our rec A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia	ability Company were filed on 08/03/2016	and assigned
Florida document numberL16000145026	<del>.</del>	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "L	LC" or the abbreviation "L'L.C."
Enter new principal offices address, if applica	ble:	Ha g U
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	55 2: 50 2:
Enter new mailing address, if applicable:		- ··
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Iress
		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>	Address	Type of Action
AMBR	Dane Schlick-Trask	751 Park of Commerce Drive Suite	
		Boca Raton, FL 33487	Remove
			Change
		·	□ Add
			Remove
			Change
	<del></del>	·	Add
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ctive date, if other than the date of the date is listed, the date must be: If the date inserted in this block ment's effective date on the Depart	specific and cannot be prior to does not meet the applicable	le statutory filing requiremen	(optional) ys after filing.) Pursuant to 605 tts, this date will not be list
ecord specifies a delayed ef e 90th day after the record	ective date, but not a is filed.	an effective time, at 12	:01 a.m. on the earli
d 04/05/2018	12:42 PM		
Dano Schlick-Tra	sk		
		ed representative of a member	

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Filing Fee: \$25.00