## 116000217635

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## **COVER LETTER**

Florida B	one and Joint Specialists, LLC		
30bJEC1.	Name of Limite	d Liability Company	
-			
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	Kerry Anne Schultz		
		Name of Person	
	Fountain, Schultz & Associa	tes, PL	
	2045 Fountain Professional C	Firm/Company	·
	•	Address	
	Navarre, FL 32566	Addicas	
	kaschultz@fountainlaw.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	fication)
For further information	concerning this matter, please call	:	
Kerry Anne Schultz		850 939-3535 at ( )	
Name	of Person	Area Code Daytime	e 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 Taliahassee, F1. 32314

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TO:

Registration Section

Division of Corporations

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

Florida Bone and Joint Specialists, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number 116000217635	were filed on 12/01/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		題 8 1
Enter new mailing address, if applicable:		AXXX AXXX O I
(Mailing address MAY BE A POST OFFICE BOX)		
		59 <b>5</b> 0
		32 <u>1</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our record	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<del>10</del>	Enter Florida street addre	ss.
	, FI	lorida
	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

Title	Name	Address	Type of Action
AMBR	James Piorkowski	1040 Gulf Breeze Parkway, Suite 200	
		Gulf Breeze, FL 32561	
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	ted, the date must be speciested in this block do date on the Department of the second is the second in the second is the second in the second	ted, the date must be specific and cannerted in this block does not meet to date on the Department of State's es a delayed effective date, fter the record is filed.  Signature of a memb	erted in this block does not meet the applicable date on the Department of State's records.  es a delayed effective date, but not a fter the record is filed.  Signature of a member or authorize	ted, the date must be specific and cannot be prior to date of filing or erted in this block does not meet the applicable statutory file date on the Department of State's records.  es a delayed effective date, but not an effective fiter the record is filed.  Signature of a member or authorized representative	ted, the date must be specific and cannot be prior to date of filing or more than 90 days erted in this block does not meet the applicable statutory filing requirements date on the Department of State's records.  es a delayed effective date, but not an effective time, at 12: fter the record is filed.	ther than the date of filing:  ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) It eried in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.  The set of a delayed effective date, but not an effective time, at 12:01 a.m. of the the record is filed.  Signature of a member or authorized representative of a member	ther than the date of filing:  (optional)  ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 erried in this block does not meet the applicable statutory filing requirements, this date will not be listed added on the Department of State's records.  The set of a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the record is filed.  Signature of a member or authorized representative of a member

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Filing Fee: \$25.00