

L17000030021

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 FEB 22 PM 7:47

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Care one orthotics 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:

Jerod Romanik

Name of Person

Care one orthotics LLC

Firm/Company

11671 W Coguin Ct

Address

Crystal River FL 34429

City/State and Zip Code

john.L614DM@gmail.com

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

For further information concerning this matter, please call:

Jerod J Romanik

Name of Person

at ( 352 )

Area Code

601-0804

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 FEB 22 PM 7:52

Care One Orthotics LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2-7-17 and assigned  
Florida document number 417000030021

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

11671 W Coguin Ct  
Crystal River FL 34429

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO 11671 W Coguin Ct  
Crystal River FL 34429

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jerod J Romanik

New Registered Office Address:

11671 W Coguin Ct Crystal R  
Enter Florida street address

Crystal River Florida 34429  
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.*

Jerod J Romanik

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>	<u>Address</u>	<u>Type of Action</u>
<u>m6R</u>	<u>Lawrence Romanik</u>	<u>11930 W Bayshore Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Crystal River FL 34429</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>m6R</u>	<u>Sean Parke</u>	<u>223 Kingslynn</u>	<input type="checkbox"/> Add
		<u>Delray Beach FL 33444</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>m6R</u>	<u>Mindy Brietman</u>	<u>16939 NW 62nd Court</u>	<input type="checkbox"/> Add
		<u>Parkland FL 33076</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

*(This area is crossed out with a large X, indicating no changes were made.)*

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TALLAHASSEE, FLORIDA

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 \_\_\_\_\_

*(Handwritten signature)*

Signature of a member or authorized representative of a member

*(Handwritten name: Jerod J Romanik)*

Typed or printed name of signee

Daytime Phone 352-601-0804 Jerod Romanik

Return address

11671 W. Coquina Ct

Crystal River Fl 34429