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COVER LETTER

Division of Corp			
Sport and O	thopedic Solutions, LLC =		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
	Christopher Parrott		
		Name of Person	
	Sport and Orthopedic Solu	tions, LLC	
		Firm/Company	
	5001 Bridge St. Apt. 3613		
		Address	
	Tampa, FL		
		City/State and Zip Code	
	parrotte@knights.ucf.edu	to be used for future annual report noti	Martin N
For further information co	ncerning this matter, please co	·	neation)
	neering this matter, piease c		
Christopher Parrott		727 631-7644 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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	•	Street Address	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sport and Orthopedic Solutions, LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now appears on ou da Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability (Company were filed on April 10th	, 2017	and assigned
lorida document number L17000079418	 '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designati	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	(RESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		, enter the ma	
Name of New Registered Agent:			
		77.	111
New Registered Office Address:	Enter Florida stre	et address 4	1 " 1
		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 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	Christopher Mark Parrott	5001 Bridge St. Apt. 3613	■Add
		Tampa, FL 33611	□Remove
			Change
AMBR Kathleen Anne Palmer	5001 Bridge St. Apt. 3613	≣Add	
		Tampa, Fl. 33611	□Remove
			Change
<u>.</u>			□Add
			□Remove
			☐Change
			□Add
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be prior bek does not meet the applic	to date of filing or more that able statutory filing requ		
record specifies a delayed effective d is filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th day a	ifter the
Dated August 31st	2020	<u> </u>		
	·			
	ve M.	Parret	\	
	Signature of a member or auth	Posset orized representative of a n	nember	-