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DIVISION OF CORPORATIONS

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COVER LETTER

	gistration Sec ision of Corp					
SUD IDOT.	ORTHOPEDICS AND SPORTS MEDICINE SPECIALISTS, LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Ashraf Boutros, CPA				
			Name of Person			
		Total Tax Solutions				
		Firm/Company				
		2100 East Sample Road, Suite 202				
		Address				
		Lighthouse Point, FL 3306	14			
			City/State and Zip Code			
		ahboutros@comcast.net		 		
			to be used for future annual report notifi-	cation)		
For further in	nformation co	oncerning this matter, please co	alt:			
Ashraf Bout	ros, CPA		954 946-4142			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	e following amount:				
≌ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed:		

MAILING ADDRESS:

TO:

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

ORTHOPEDICS AND SPORTS MEDICINE SPECIALISTS, 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 $\frac{06/07/2017}{1}$ and assigned Florida document number L17000124950 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	Eric Lloyd	4280 SAINT CHARLES WAY	
		BOCA RATON, FL 33434	□ Remove
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Article V						
Eric Lloyd						
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record specifies a The 90th day after			an effective ti	me, at 12:01	a.m. on the	earliei (
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	Signature of	a viember or author	ized representative of	d'a member		
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Page 3 of 3

Filing Fee: \$25.00