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COVER LETTER

TO: Registration S Division of Co						
ORTHO C	ONN LLC					
SUBJECT.	Name of Lin	nited Liability Company	 			
	·					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Dane Schlick-Trask					
		Name of Person				
	Ortho Florida, LLC					
		Firm/Company				
	751 Park of Commerce Su	nite 112		2018 APR 26	range *\d	
		Address	D in	APA	ال و. 	
В	Boca Raton, FL 33487	Boca Raton, FL 33487		26		7
		City/State and Zip Code		T n	5	
	dtrask@orthoflorida.net	to be used for future annual report notif	C.		V -,-	
For further information of	concerning this matter, please c		nearroll)	00		
Dane Schlick-Trask		813 787-1128 at ()				
Name o	of Person		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 Fe Certificate of S Certified Copy (additional copy is	tatus &		
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTHO ONN 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 $\frac{06/08/2017}{1}$ and assigned L17000125608 Florida document number 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 "LLC." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			□ Remove
			☐ Change
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Filing Fee: \$25.00