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4PR 27 2018 J. HARRIS

COVER LETTER

	tion Section of Corporations
	THO TNN LLC
SUBJECT.	Name of Limited Liability Company
	cles of Amendment and fee(s) are submitted for filing. prrespondence concerning this matter to the following:
	Dane Schlick-Trask
	Name of Person
	Ortho Florida, LLC
	Firm/Company
	751 Park of Commerce Suite 112
	Address
	Boca Raton, FL 33487
	City/State and Zip Code
	dtrask@orthoflorida.net E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Dane Schlick-Tra	
. 1	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	c for the following amount:
■ \$25.00 Filing l	Fee Solution Status Solution S

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

ORTHO TNN LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recording ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/21/2017	and assigned
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 I	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	<u> </u>	
	•	
Enter new mailing address, if applicable:		70
Mailing address MAY BE A POST OFFICE BOX)		3
maining dual test MIT BETT OST OFFICE BOA		
		orași.
3. If amending the registered agent and/or registered	d office address on our records	enter the name of the
egistered agent and/or the new registered office address	·	The state of the s
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	••••••••••••••••••••••••••••••••••••••
	, Flo	rida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dane Schlick-Trask	751 Park of Commerce Drive Suite	Add
		Boca Raton, FL 33487	■ Remove
			Change
-	,		☐ Remove
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			□ Remove
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effective date is listed, the date must be	specific and	cannot be pri	or to date of fi	ling or more t	han 90 days	after filing	z.) Pursua	ant to 60	05.0
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