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SECRETARY OF STATE

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COVER LETTER

Division of C			
ORTHO SUBJECT:	UNN LLC		
SUBJECT.	Name of Limited L	iability Company	
The enclosed Articles	of Amendment and fee(s) are submitted	d for filing.	
Please return all corres	pondence concerning this matter to the	following:	
	Dane Schlick-Trask		
		Name of Person	
	Ortho Florida, LLC		
		Firm/Company	
	751 Park of Commerce Suite 11	2	
		Address	
	Boca Raton, FL 33487		
	· ·	//State and Zip Code	
	dtrask@orthoflorida.net	sed for future annual report notif	Total Control
For further information	concerning this matter, please call:	sea for future annual report non	ication)
Dane Schlick-Trask		813 787-1128 at ()	
Name	of Person	Area Code 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

ORTHO UNN LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on 06/23/2017 and assigned
Florida document numberL17000136920	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
	三
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
<u>(Principal office address MUST BE A STREET</u>	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
	r registered office address on our records, enter the name of the new
registered agent and/or the new registered offi	<u>ce address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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	
		Boca Raton, FL 33487	Remove
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ective date, if other than the	date of filing:	(optio	nal)
te: If the date inserted in this bl	ock does not meet the applicable state	utory filing requirements, this	date will not be listed
cument's effective date on the D	epartment of State's records.		
record specifies a delayed The 90th day after the rec	l effective date, but not an eff ord is filed	fective time, at 12:01 a	.m. on the earlier
04/05/2018	, <u>12:42 PM</u>		
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	- <i>1</i>		
Dane Schlick-	rask		
Dane Schlick-	Signature of a member or authorized rep	resentative of a member	<u> </u>

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Filing Fee: \$25.00