

L1700013622C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORTHO UNN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 information concerning this matter, please call:

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

ORTHO UNN LLC

The Articles of Organization for this Limited Liability Company were filed on 06/23/2017 and assigned Florida document number L17000136920.

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dane Schlick-Trask	751 Park of Commerce Drive Suite	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove Dane Schlick-Trask as authorized member from ORTHO UNN LLC.

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18

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/05/2018 12:42 PM

Dane Schlick-Trask

Signature of a member or authorized representative of a member

Dane Schlick-Trask

Typed or printed name of signee