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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	ORTHO V	NN LLC		
SUBJE				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Dane Schlick-Trask		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Ortho Florida, LLC		
			Firm/Company	
		751 Park of Commerce Sui	ite 112	
			Address	,
		Boca Raton, FL 33487		·
			City/State and Zip Code	<u></u>
		dtrask@orthoflorida.net	10	
		·	to be used for future annual report notific	ation)
For furth	ner information c	oncerning this matter, please ca	ill:	
Dane So	chlick-Trask		813 787-1128 at ()	•
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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 VNN 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 09/21/2017 L17000196096 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 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

, Florida

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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tive date, if other than the ffective date is listed, the date mug. If the date inserted in this binent's effective date on the D	ock does not meet the applic	able statutory fil	more than 90 days ing requirements	p tional) after filing.) P this date wi	'ursuant to ill not be	o 605.0207 e listed as
cord specifies a delayed 90th day after the rec		ot an effective	e time, at 12:0)1 a.m. or	the e	arlier o
04/05/2018	12:42 PM	·				
			•			
Dane Schlick-7	rask Signature of a member or auth					

Page 3 of 3

Filing Fee: \$25.00