117000231435

(Requ	iestor's Name)	
(Áddr	ess)	
(Addr	>	
(Audi	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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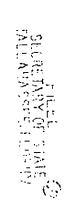
Office Use Only



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COVER LETTER

Div	ision of Corp	orations	•		
SUBJECT:	GOLD ORTH	HOTICS ELC			
		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please returt	all correspond	dence concerning this matter to	o the following:		
		SHARON SCHACHTEL			
			Name of Person		
		GOLD ORTHOTICS LLC			
			Firm/Company		
		2000 NW 95TH AVE			
			Address		
		DORAL, FL 33172			
			City/State and Zip Code		
		E-mail address: (to	be used for future annual re	eport notification)
For further in	nformation cor	ncerning this matter, please cal	1:		
SHARON S	CHACHTEL		305 928- at ()	-5000	
	Name of I	Person	Area Code	Daytime Teleph	ione Number
Enclosed is a	a check for the	following amount:			
≘ \$ 25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

GOLD ORTHOTICS LLC		
(Name of the Lin	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Florida document number L17000231435	Liability Company were filed on	11/8/2017 and assigned
This amendment is submitted to amend the fo	llowing:	
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	20
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		ル でで、
(Mailing address MAY BE A POST OFFICE	= 	= ;5
		•
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address office address here:	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	2000 NW 70TH AVE	
	Enter F	lorida street address
	DORAL	, Florida ³³¹⁷²

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

Zip Code

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
MGR	SHARON SCHACHTEL	2000 NW 70TH AVE	Add
		DORAL, FL 33172	☐ Remove
			■ Change
		_	Add
			Remove
		<u> </u>	Change
			Add
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fective date, if other than the date must be	ite of filing: e specific and canno	ot be prior to date of	of filing or more than 9	(optional) 0 days after filing.) Pursi	iant to 605.020
ote: If the date inserted in this block ocument's effective date on the Department.	c does not meet th	ie applicable sta	tutory filing require	ments, this date will n	ot be listed a
e record specifies a delayed e The 90th day after the recor	ffective date, d is filed.	but not an e	ffective time, at	12:01 a.m. on th	ie earlier d
DECEMBER 13	201	7			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00