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S. WARREN DEC 0 1 2017

COVER LETTER

PLATI	NUM ORTHOTICS LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	SHARON SCHACHTEL
	Name of Person
	PLATINUM ORTHOTICS LLC
	Firm/Company
	2000 NW 95th AVE
	Address
	DORAL, FLORIDA 33172
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informati	ion concerning this matter, please call:
SHARON SCHACE	HTEL 888 999-8780
Na	ime of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

PLATINUM ORTHOTICS 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 $\frac{11/08/2017}{1}$ _____ and assigned Florida document number L17000231441 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 "L.L.C." 2000 NW 95th Ave #103 Enter new principal offices address, if applicable: Doral, Florida 33172 (Principal office address MUST BE A STREET ADDRESS) 2000 NW 95th Ave #103 Enter new mailing address, if applicable: Doral, Florida 33172 (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 . Florida 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

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabitity company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the	date of filing:	(optional)
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing	g requirements, this date will not be listed as t
he record specifies a delayed The 90th day after the rec	d effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of:
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November 28 Dated	2017	= 5
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	Signature of a member of authorized representative	of a member (13)
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Filing Fee: \$25.00