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(Requ	restor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		
Special Instructions to Fil	ling Officer:	

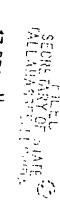
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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	PLATINUM	ORTHOTICS LLC		
(additional copy is enclosed) Certified Copy				
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		SHARON SCHACHTEL		
			Name of Person	
		PLATINUM ORTHOTICS	SLLC	
			Firm/Company	
		2000 NW 95TH AVE		
			Address	
		DORAL, FL 33172		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report n	otification)
For further in	iformation coi	ncerning this matter, please ca	all:	
SHARON SO	CHACHTEL		305 928-5000	
	Name of I	Person	Area Code Dayı	ime Telephone Number
Enclosed is a	check for the	following amount:		
<b>■</b> \$25.00 F	iling Fee		Certified Copy	Certificate of Status &

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

PLATINUM ORTHOTICS LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited I	Liability Company	y were filed on 11/8/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			7 DEC 1
(Mailing address MAY BE A POST OFFICE	BOX)		
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	office address on our records, re:	enter the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	2000 NW 70TI	H AVE	
		Enter Florida street address	
	DORAL	F71*	a. 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>	Name	Address	Type of Action
MGR	SHARON SCHACHTEL	2000 NW 70TH AVE	□ Add
		DORAL, FL 33172	□ Remove
			■ Change
			□ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change

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Effectiv	e date, if other than th	e date of filis	ng:			(optional)		
If an effec	ctive date is listed, the date m f the date inserted in this l	ast be specific a	nd cannot be pric	or to date of filin	g or more than 9	days after filing.)	Pursuant to 605.0	0207 d.as
documer	nt's effective date on the	Department of	State's record	S.	ming require	nents, this date v	viii noi de fisici	142
ne reco The 9	ord specifies a delaye 90th day after the re	d effective	date, but n l.	ot an effect	ive time, at	12:01 a.m. c	on the earlie	r of
Dated D	PECEMBER 13		2017					
			·					
			<u>.</u> -	20 0	ntative of a mem			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00