

L180000008359

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18 MAR 16 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South Florida Advanced Ankle & Foot Surgeons, 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:

Alphonse Tribuiani

Name of Person

Firm/Company

835 Tammy Road

Address

Clewiston, FL 33440

City/State and Zip Code

arttribuiani@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alphonse Tribuiani

239 564-7270
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

South Florida Advanced Ankle & Foot Surgeons, 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 1/9/2018 and assigned
Florida document number L18000008359.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Total Podiatry Advanced Ankle & Foot Physicians & Surgeons, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9250 Corkscrew Rd, Suite 7

(Principal office address MUST BE A STREET ADDRESS)

Estero, FL 33928

Enter new mailing address, if applicable:

9250 Corkscrew Rd, Suite 7

(Mailing address MAY BE A POST OFFICE BOX)

Estero, FL 33928

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:

Alphonse Tribuiani

New Registered Office Address:

9250 Corkscrew Rd, Suite 7

Enter Florida street address

Estero

Florida 33928

City

Zip Code

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.


If Changing Registered Agent, Signature of New Registered Agent

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MAR 16 2018
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TALLAHASSEE
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alphonse Tribuiani	9250 Corkscrew Rd, Suite 7	<input type="checkbox"/> Add
		Estero, FL 33928	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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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.

Dated March 15, 2018

Typed or printed name of signee

Filing Fee: \$25.00

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