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S. ROBERTS
JUN 1 6 2023

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE(Center of Palm Beach County	, LLC	
SOBJE	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Christopher Dinolfo		
			Name of Person	
		Orthopedic Center of Palm	Beach County, LLC	
			Firm/Company	
		180 JFK DR, STE 100		
			Address	
		Atlantis FL 33462		
			City/State and Zip Code	
		Chris.Dinolfo@ocpbc.com	to be used for future annual report notif	land on the second
For furtl	her information c	oncerning this matter, please c		ication)
Paul E.	Risner, Esq.		904 477-9000	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 5	Section	Street Address: Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orthopedic Center of Palm Beach County, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on 10/31/2018	and assigned
lorida document number L18000254378		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		- 2
Principal office address MUST BE A STREET ADDRESS)		123
		F 51
		. 1
nter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		?
· · · · · · · · · · · · · · · · · · ·		. 46
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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

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>	Type of Action
MGR	Christopher Dinolfo	180 JFK DR STE 100ATLANTIS, FL 33462	\ Add
			□Remove
			Change
MGR	Dianne Goldenberg	180 JFK DR STE 100ATLANTIS, FL 33462	■Add
			□ Remove
			Change
MGR	Dr. James T Clancy	180 JFK DR STE 100ATLANTIS, FL 33462	□Add
			Remove
			Change
MGR	Dr. Jeffrey Rosenfield	180 JFK DR STE 100ATLANTIS, FL 33462	🗆 Add
			Remove
			Change
			□Add
			Change
			🗆 Add
			□Remove
			□Change

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Significated a member or authorized representative of a member	ted '	
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Filing Fee: \$25.00