

L19 000176825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

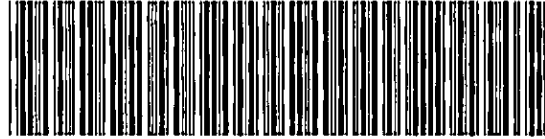
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 15 AM 7:26
SECURITY, FL

O SIMMONS
FEB 23 2021

January 12, 2021

Moore & Van Allen

VIA U.S. MAIL

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

Kristy L. Watts
Paralegal

T 843 579 7048
F 843 579 8745
kristy.watts@mvalaw.com

Moore & Van Allen PLLC

78 Wentworth St.
Charleston, SC 29401-1428

Mailing Address:
Post Office Box 22828
Charleston, SC 29413-2828

Re: Palm Beach Gardens Ortho Location, LLC
Our File No. 042783.3

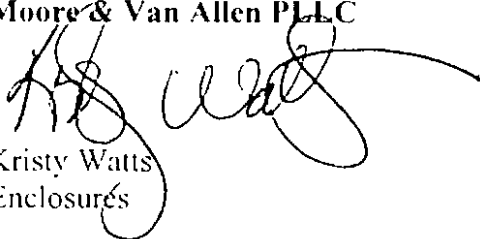
Dear Ladies and Gentlemen:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of Palm Beach Gardens Ortho Location, LLC. Please file the original and return a file-stamped copy to me in the enclosed self-addressed envelope.

If you have any questions or require any additional information, please do not hesitate to contact me immediately.

Very truly yours,

Moore & Van Allen PLLC



Kristy Watts
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Beach Gardens Ortho Location, 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:

Paul Lynch

Name of Person

Moore & Van Allen PLLC

Firm/Company

78 Wentworth Street

Address

Charleston, SC 29401

City/State and Zip Code

paullynch@mvalaw.com

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

For further information concerning this matter, please call:

Paul Lynch

843

579-7012

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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2021 JAN 15 AM 7:26

Palm Beach Gardens Ortho Location, 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 08/12/2019 and assigned
Florida document number L19000176825.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 Westedge Street, Suite106-B

Charleston, SC 29403

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

City, Florida

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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SECRET

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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JAN 15 2021
TAMPA, FL

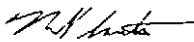
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 8th, 2021



Signature of a member or authorized representative of a member

Nick J. Savastano, Jr., Manager

Typed or printed name of signee

Filing Fee: \$25.00