7/22/25, 12:34 PM

Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KM ORTHOPEDIC SURGICAL SERVICES PLLC

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K. SALY

JUL 23 2025

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		OPEDIC SURGICAL SERVI	CES PLLC	
SOBIL	.c	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		Erik Treutlein		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	-
		11501 Domain Dr., Suite 2	200	
			Address	
		Austin, TX 78758		
		la Company of the Later and the	City/State and Zip Code	
		kojomarfomd@gmail.com	to be used for future annual report notific	Caltion)
For furt	her information ed	oncerning this matter, please co	·	
Erik Tr	eutlein		800 773-0888 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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)

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION **OF**

FILED
2025 JUL 22 PM 3: 21
ALLAHASSEE FLORIDA

KM ORTHOPEDIC SURGICAL SERVICES PLLC (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 ______01/07/2020 ___ and assigned Florida document number <u>L20000013734</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3945 W Broward Blvd UNIT 121041, Enter new mailing address, if applicable: Fort Lauderdale, FL 33312 (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:

Kojo Marfo Name of New Registered Agent: 3945 W Broward Blvd UNIT 121041 New Registered Office Address: Enter Florida street address _, Florida 33312 Zip Code Fort Lauderdale Cin

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.

> /S/ Kojo Marfo If Changing Registered Agent, Signature of New Registered Agent

To:	•	Page:	5	of	6

2025-07-22 12:40:07 PDT

LegelZoom.com, Inc.

From Inderjit Dhingi

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							
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D. If amendi	ng any other informat	ion, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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07/.	22	2025		
Dated		. 2025		
	/S/ Kojo Marfo			
	S S	ignature of a member or authorized represen	tative of a member	_
	Kojo Marfo			
		Typed or printed name of sign	166	_

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