

03/10/2020 9:07AM FAX
03/07/2020

00001/0004

L20000067282

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H200000791423)))



H200000791423ABZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 07535000514
Phone : (727)442-1200
Fax Number : (727)443-5829

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 10 PM 1:43

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RECONSTRUCTIVE ORTHOPEDICS OF CENTRAL FLORIDA, L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2020 MAR 10 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help MAR 11 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECONSTRUCTIVE ORTHOPEDICS OF CENTRAL FLORIDA, L.L.C.

(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 03/03/2020 and assigned
Florida document number L20000067282

This amendment is submitted to amend the following:

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

RECONSTRUCTIVE ORTHOPAEDICS OF CENTRAL FLORIDA, L.L.C.

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)

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

_____, Florida _____
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

[illegible]

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

1

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 March 10, 2020

Chas. J. [Signature]

Signature of a member or authorized representative of a member

ALAN, S. GASSMAN, AUTH. REP.

Typed or printed name of signee