

4/20/2020

Division of Corporations

L20000067282
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
 Account Number : 07535000514
 Phone : (727)442-1200
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2020 APR 20 AM 11:45

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2020 APR 20 PM 12:47

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

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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

2020 APR 20 AM 10:46

RECONSTRUCTIVE ORTHOPAEDICS 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:

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:

1500 SOUTHEAST MAGNOLIA EXT

(Principal office address MUST BE A STREET ADDRESS)

SUITE 104

OCALA, FL 34471

Enter new mailing address, if applicable:

1500 SOUTHEAST MAGNOLIA EXT

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 104

OCALA, FL 34471

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

H20000 115002

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

2020 APR 20 AM 10:46

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|----------------------|--|
| MGR | ALAN S. GASSMAN | 1245 COURT STREET | <input type="checkbox"/> Add |
| | | CLEARWATER, FL 33756 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | KARL F. SIEBUHR | 1500 MAGNOLIA EXT | <input checked="" type="checkbox"/> Add |
| | | OCALA, FL 34471 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

+1 2000 11 5062

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

2020 APR 20 AM 10:46

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 APRIL 15 2020

Signature of a member or authorized representative of a member

AUTHORIZED REPRESENTATIVE

Typed or printed name of signer