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. COVER LETTER

TO:

		٠,	
SIBLECT: PINNACL	E FOOT AND ANKLE CENT	ERS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CT: PINNACLE FOOT AND ANKLE CENTERS LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: KIMBERLY WOODARD		
	CLE FOOT AND ANKLE CENTERS LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing, spondence concerning this matter to the following: KIMBERLY WOODARD Name of Person PINNACLE FOOT AND ANKLE CENTERS LLC Firm/Company 2026 SW JUSTISON AVENUE Address PORT ST LUCIE FL 34953 City/State and Zip Code JOE@TAXSHOPPEFLA.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: DARD at (561 Area Code Daytime Telephone Number or the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Gress: B \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Gress: B Street Address: Registration Section F Corporations The Centre of Tallahassee		
	PINNACLE FOOT AND	ANKLE CENTERS LLC	
		Address City/State and Zip Code OM Obe used for future annual report notification) III: at (561	
	2026 SW JUSTISON AVI	ENUE	
		Address	
	PORT ST LUCIE FL 349:	53	
	JOE@TAXSHOPPEFLA.C	COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
KIMBERLY WOODAI	RD	at (561) 373-5034	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fce		Certified Copy	Certificate of Status & Certified Copy
Registration Division of C	Section Corporations	Registration Se Division of Co	rporations
P.O. Box 63. Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINNACLE FOOT AND ANKLE CE	NTERS LLC					
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on (Liability Company)	ou <u>r records.</u>)			
he Articles of Organization for this Limited Liab	ility Company	were filed on 04/16/2	020	an	d assig	gned
orida document number 1.20000105000						
nis amendment is submitted to amend the follow	ing:					
. If amending name, enter the new name of the	ne limited liab	ility company here:				
e new name must be distinguishable and contain the word	Is "Limited Liabi	lity Company," the design	ation "LLC" or the a	bbreviatio	on "L.L	.C."
nter new principal offices address, if applicab	le:	1801 SE HILLMOO	R DR	<u> </u>	2022	
rincipal office address MUST BE A STREET.	ADDRESS)	SUITE A-103		ALC A	.2 JUL	-
		PORT ST LUCIE FL	. 34952	ETA		
iter new mailing address, if applicable:		1801 SE HILLMOO	R DR	AHASSE	29 AH	
lailing address MAY BE A POST OFFICE BO	<u>)X)</u>	SUITE A-103		75 75	Ö	
		PORT ST LUCIE FL	. 34952	, <u>E</u>	S	
If amending the registered agent and/or regent and/or the new registered office address		address on our recor	ds, <u>enter the na</u>	ne of th	e new	<u>registe</u>
Name of New Registered Agent:	KIMBERLY W	VOODARD				
New Registered Office Address:	2026 SW JUST	TISON AVENUE				
		Enter Florida st	reet address			
	PORT ST LUC		, Florida <u>3</u>			
		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>	Address	Type of Action
MGR	DANIELLE M GREEN WATSON	310 COLLEGIATE DR	
		POWDER SPRINGS GA 30127	■Remove
			□Change
			□Add
			ECRETARY TALLAHAS
			SET STER CHOOSE
			☐ ☐ Change
ness			
			□Remove
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			🗆 Add
			□Remove
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			□Remove
			□ Change

ffective date, if other than the date of filing: JULY 21 2022 (optional) an effective date, if other than the date of filing: JULY 21 2022 (optional) 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 Sole: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as occument's effective date on the Department of State's records. 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 date JULY 21 2022 Autor JULY 21 2022 Signature of a member or authorized representative of a member					-		<u></u> .						•
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