

# L20000395180

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.

((H21000208464 3)))



H210002084643ABC.

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY 25 PM 4:36

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BONE AND JOINT MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 26 2021

A. LUNT

RECEIVED

2021 MAY 25 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONE AND JOINT MANAGEMENT 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 12-23-2020 and assigned  
Florida document number L20000395180.

This amendment is submitted to amend the following:

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

WC Strategic Advisors LLC

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:

6124 Tarawood Drive

(Principal office address **MUST BE A STREET ADDRESS**)

Orlando, FL 32819

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:

Peter J. Watzka

New Registered Office Address:

6124 Tarawood Drive

Enter Florida street address

Orlando

Florida

32819

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.

Peter J. Watzka  
If Changing Registered Agent, Signature of New Registered Agent

2021 MAY 25 PM 1:35  
CLERK OF CIRCUIT  
JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Peter J. Watzka	6124 Tarawood Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John T. Callaghan	100 Motor Parkway, Suite 118	<input checked="" type="checkbox"/> Add
		Hauppauge, NY 11788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Morgan	10131 W Forest Hill Blvd, Ste 230	<input checked="" type="checkbox"/> Add
		Wellington, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2021 MAY 25 PM 4:36  
CLERK OF DISTRICT COURT  
PALM BEACH, FLORIDA

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

OFFICE OF THE  
SOLICITOR GENERAL  
TALLAHASSEE, FLORIDA

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY 25 PM 4: 36

200

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

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 May 24 . 2021

Signature of a member of a

Signature of a member or authorized representative of a member

Peter J Walzka

Typed or printed name of signee

**Filing Fee: \$25.00**