## L22000157793

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TALL AHA'S SEE, FL

## **COVER LETTER**

TO: Registration So Division of Co			. ·	• •
STRATM	NN, LLC			
SUBJECT:	Name of Lim	aited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following.		
	ANA ESCAGEDO			
		Name of Person		
	SKELETAL DYNAMICS	, INC.		
		Firm Company		
	7300 N. KENDALL DRIV	/E. STE. 400		
		Address	····	<del></del>
	MIAMI, FL 33156			
	<del></del>	City State and Zip Code	<del>-</del> ·	
	aescagedo@skeletaldynami			
	E-mail address: (	to be used for future annual rep	off notification)	
For further information of	concerning this matter, please co	all:		
ANA ESCAGEDO			585 Eau 7007	
Name c	at Person		Daytime Telephone N	umber
Enclosed is a check for t	he following amount.			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cer d) Cer	.00 Filing Fee. Officate of Status & Officate Copy Official copy is enclosed
Mailing Addre		Street Addr		
Registration ! Division of C		Registratio Division o	on Section of Corporations	
P.O. Box 632			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 11 PM 3: 03

STRATMAN, LLC

(Name of the Limited Liability Company as it now appears on our records) LLAHASSEE, FL

The Articles of Organization for this Limited Lia	bility Company were filed on APRIL 1, 2022	and assigned
Florida document number 1.22000157793	<u> </u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
SKELETAL DYNAMICS STRATEGIC MANUFACTURE.	CTURING CENTER, LLC	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:		<del></del>
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		he name of the new registered
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flor	rida
New Registered Agent's Signature, if changing Re	·	rap v ou
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in the company has been notified i	agent and agree to act in this capacity. I furt r and complete performance of my duties, and ered agent as provided for in Chapter 605. I egistered office address, I hereby confirm that	l I am familiar with and S. Or, if this document is

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
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			□Remove
			□Change
			□Add
			ERemove
			☐ Change
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Filing Fee: \$25.00