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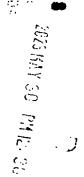


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CORPORATE ACCESS, _

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INC.

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COVER LETTER

SOBJECT.	Name of Lin	nited Liability Company	
Division of Corporations ORTHOMIAMI, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James L. Weintraub Name of Person James L. Weintraub, PA Firm/Company 931 NW 9th Court Address Boca Raton, Florida 33486 City/State and Zip Code jim@jlwpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James L. Weintraub Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certified Copy (additional copy is enclosed)			
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Please return all correspo	ondence concerning this matter	r to the following:	
	James L. Weintraub		
		Name of Person	
	James L. Weintraub, PA		Daytime Telephone Number Daytime Telephone Number
		Firm/Company	
	931 NW 9th Court		
		Address	
	Boca Raton, Florida 3348	Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: s L. Weintraub Name of Person s L. Weintraub, PA Firm/Company W 9th Court Address Raton, Florida 33486 City/State and Zip Code wpa.com E-mail address: (to be used for future annual report notification) this matter, please call: at (
		City/State and Zip Code	Daytime Telephone Number \$ \$60.00 Filing Fee, Certificate of Status & Certified Copy
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For further information co			accony
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Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2022 HAY 30 PM D. 91

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and assigned.
C" or the abbreviation "L.L.C."
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lorida
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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>	<u>Address</u>	Type of Action
AMBR	Jan Pieter Hommen	7800 SW 87th Avenue, Suite A110, Miami, FL 3317	
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fective date, if other that on effective date is listed, the date inserted in the cument's effective date on	the date of filing: the must be specific and cannot be this block does not meet the the Department of State's re	e prior to date of filir applicable statutor cords.	(0 og or more than 90 days y filing requirements,	ptional) after filing.) Pursuant to 60 , this date will not be li:	05.0207 sted as
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66	Signature of a member or	authorized represen	itative of a member		

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