Tor 18506176383 From: 19166105073 Date: 04/12/23 Time: 1:40 PM Page: 02/05



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BCL ORTHO LLC**

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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCL Ortho LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on)2/14/2023	and assigned
Florida document number <u>L23000080390</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u>'4</u>
			023
			Aco
Enter new mailing address, if applicable:			- .
(Mailing address MAY BE A POST OFFICE BOX)			
			$-\frac{2\pi}{2}$ $\frac{1}{12}$
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our re	ecords, <u>enter the</u>	e name of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	22.112. 1 12.		•
	City	, Flori	da

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.

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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>	Name	Address	Type of Action
AMBR	FRANCOIS LEDEE	801 SOUTH FEDERAL HIGHWAY PH18	□Add
		POMPANO BEACH, FL 33062	⊠Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
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			Change
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(If an effect Note: I	ve date, if other that ctive date is listed, the dat if the date inserted in the ent's effective date on t	te most be specific and o his block does not mo	cannot be prior to da eet the applicable	ite of filing or more tha	(optional) n 90 days after filing.) Purs irements, this date will a	uant to 605.0207 (3 not be listed as th
he record ord is file		fective date, but not a	m effective tim e ,	at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
Dated _	April 4		2023			
		'hristine	. Lédée	d representative of a m		
		Signatura of a m	iamhar or suthoriza.	al Lettle Philipitice Cit a La	ember	
		Signature of a m	nember or authorize	e representative of a n	ember	