

L23 000 158 080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

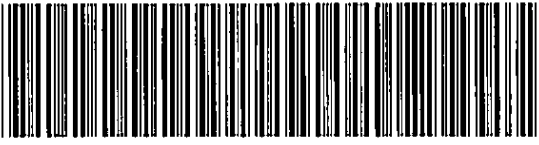
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
TALLAHASSEE, FL

2023 JUN --7 PM 2:58
JUN 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHBERG SPECIALTY ORTHOPEDICS, 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:

DR. LYALL J. ASHBERG
Name of Person
ASHBERG SPECIALTY ORTHOPEDICS, LLC
Firm/Company
116 BUTTONBUSH DR
Address
JUPITER, FL 33458
City/State and Zip Code
drashberg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR LYALL J. ASHBERG at (630) 796-9928
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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>
MGR	DR. LYALL J. ASHBERG	16 BUTTONBUSH DR	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	SHERRYL ASHBERG	16 BUTTONBUSH DR	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

During set up the incorrect names were added to business. The only person listed under authorized persons should

be Dr. Lyall J. Ashberg as MGR

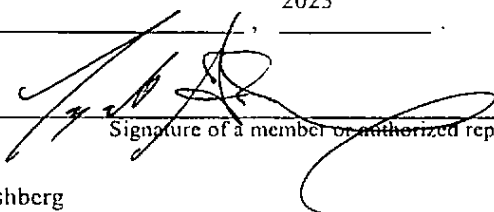
E. Effective date, if other than the date of filing: 03/26/2023 **(optional)**

(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 June 5th, 2023



Signature of a member or authorized representative of a member

Dr. Lyall J. Ashberg

Typed or printed name of signee