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SECONDO SERVICES FOR

2023 JUN -7 PM 2: 58

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

то:

	S SPECIALTY ORTHOPEDIC	CS, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DR. LYALL J. ASHBERG	3	
		Name of Person	
	ASHBERG SPECIALTY	ORTHOPEDICS, LLC	
		Firm/Company	
	116 BUTTONBUSH DR		
		Address	
	JUPITER, FL 33458		
	-1.	City/State and Zip Code	
	drashberg@gmail.com	to be used for future annual report no	vi6-orien)
For further information of	concerning this matter, please c	·	onneadon)
DR LYALL J. ASHBER	G.G	630 796-9928 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	prporations
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHBERG SPECIALTY ORTHOPEDICS, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 03/29/2023 and assigned
Florida document number L23000158080	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	iny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	ECKE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	SSS P
	्राज्य अ
3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:	on our records, enter the name/of the new registo
gone and the registered office and test feet.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	DR. LYALL J. ASHBERG	16 BUTTONBUSH DR	≅Add
		JUPITER, FL 33458	□ Remove
			□Change
AR	SHERRYL ASHBERG	16 BUTTONBUSH DR	\ \to Add
		JUPITER, FL 33458	■Remove
		 	Change
	 -		□Add
			□Remove
		·	☐ Change
			□Add
			□Remove
			Change
		·	□Add
			□Remove
			□ Change
			□ Add
			Remove

fective date, if other than the date of filing: Optional		he Du Luell I. Ashbara es MCD
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Filing Fee: \$25.00