# 11/26/24 12745 RM Division of Corporations

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	Division of Corporations Fax Number : (850)617-6383
From:	
S	Account Name : LEGALZOOM.COM INC.
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	Phone : (323)962-8600
	Fax Number : (323)389-0502
	, ,
	the email address for this business entity to be used for future noual report mailings. Enter only one email address please.**

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GB ORTHO LLC**

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### **COVER LETTER**

TO:	Registration Se Division of Cor			
grin tr	GB Ortho L			
SUBJE	СТ:		ted Liability Company	
		Amendment and fee(s) are subm		
Please r	eturn all correspo	ndence concerning this matter t	o the following:	
		Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	<del></del>
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		goltryha@gmail.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	I <del>I</del> :	
Mike T	own		800 773-0888 at ( )	
	Name of	f Person	at ()	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	6.00 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GB Ortho LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000296065</u> .	were filed on 06/20/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	382 NE 191st St #60360	)5
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:		2024 05
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street	address
New Registered Office Address:		, Florida

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.

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

To:

<u>Title</u>	Name	Address	Type of Action
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	<ul> <li>Page: 26 of 26</li> </ul>	2024-11-26 15:34:11 PST	13236068205	From: Rajiv Srivi
D. If an	mending any other infor	mation, enter change(s) here: (Attach a	additional sheets, if necessary.)	
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Note	e: If the date inserted in this	the date of filing:		
		yed effective date, but not an effec	tive time, at 12:01 a.m. on the ea	rlier of:
	he 90th day after the r	record is filed.		
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