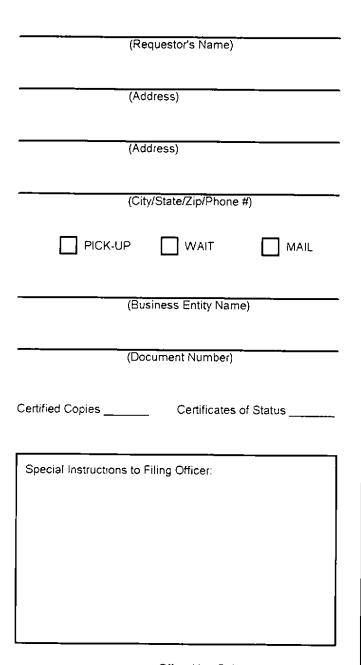
## L24 000 12363









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SECULIARY OF STATE

FILED

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
ORTHO C.	IL LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The continue Amelia	\$	notes of the Oliver			
	Amendment and fee(s) are sub				
Please return all correspo	indence concerning this matter	to the following:			
	Dane Trask				
	Name of Person				
	Ortho Florida				
	Firm/Company				
	433 Plaza Real Ste 275				
		Address			
	Boca Raton, FL 33432				
		City/State and Zip Code			
	dtrask@orthoflorida.net				
	E-mail address: (	to be used for future annual repo	ort notification)		
For further information e	oncerning this matter, please c	all:			
Dane Trask		813 787-11	28		
Name of Person		Area Code I	Daytime Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Addre			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORTHO CJL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/04/2024}{1}$ and assigned Florida document number L24000012363 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 5210 Belfort Road Suite 400 New Registered Office Address: Enter Florida street address \_. Florida 32256 Zip Code

## 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

Jacksonville

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>	Address	Type of Action
MGR	ORTHO FLORIDA LLC		□Add
			□Remove
		433 Plaza Real Suite 275, Boca Raton, FL 33432	<b>≡</b> Change
	***		□ Add
			□Remove
			□Change
	About 10 hours of the live to the latest and the la	-4m4n 52	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
***************************************			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(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 tiling.) 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 April 22 2024 Dane Trask Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Dane Trask