12400010012

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

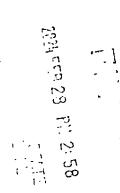
Office Use Only



700424437737

02,728.12 1 -01,029 -007 **25.00

3/12/24



COVER LETTER

		stration Sect ion of Corpo					
SUBJEC		ONE STOP I	FOOT AND ANKLE CARE,	, LLC			
SUBJEC	, l		Name of Lim	ited Liability Company			
The encle	osed .	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	ill correspond	dence concerning this matter	to the following:			
			Braden Rivers				
				Name of Person			
				Firm/Company			
			1337 E 750 N St.				
				Address			
			Orem, UT 84097				
			braden@legallymine.com	City/State and Zip Code			
			E-mail address: (to be used for future annual report notif	fication)		
For furth	er inf	ormation con	cerning this matter, please ca	all:		1,111	7
Braden F	Rivers	;		800 375-2453 at ()		7574 rrn 28	
		Name of F	erson	Area Code Daytime	e Telephone Number		
						平式	
Enclosed	lisac	heck for the	following amount:			20 m	
\$25.0	00 Fil	ing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, \Box \Box \Box te of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE STOP FOOT AND ANKLE CARE, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000070042</u> .	were filed on 02/07/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3030 NE 188TH ST.	
(Principal office address MUST BE A STREET ADDRESS)	APT 709	
	AVENTURA, FL 33180	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the n
		ना न
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1.13 63
	, Florida City	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			□ Add
			☐ Remove
			
			Remove
			r 55 ⊕ Remove
			☐ Change
		<u> </u>	□ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
L Effec (If an ei <u>Note:</u>	tive date, if other than the date of filing: (optional) (frective 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 605.00. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	207 (3)(I as the
docur	nent's effective date on the Department of State's records.	
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	
Dated	February 20th 2024	
Dated		
	Signature of a member or authorized representative of a member	
	Braden Rivers	
	Turned or printed name of cionas	

Page 3 of 3

Filing Fee: \$25.00