

M12000063641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

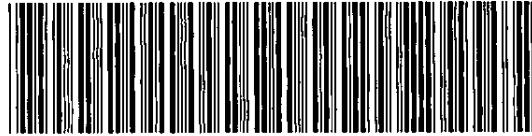
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/16/14--01001--015 \*\*25.00

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
2014 JUL 15 PM 4:27  
14 JUL 15 AM 9:03  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 07/15/14

**REF. #:** 9211079

**CORP. NAME:** PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES – TAMPA, LLC changing its name to: PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES – SOUTHEAST, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 70023618 **FOR \$** 25.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

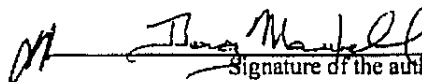
1. Name of limited liability Company as it appears on the records of the Florida Department of State: Pediatric Orthotic and Prosthetic Services - Tampa, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: June 25, 2012

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: Pediatric Orthotic and Prosthetic Services - Southeast, LLC  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Douglas E. Maxwell**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - TAMPA, LLC", CHANGING ITS NAME FROM "PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - TAMPA, LLC" TO "PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - SOUTHEAST, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF JULY, A.D. 2014, AT 7:42 O'CLOCK P.M.


14 JUL 15 AM 9:03



5009190 8100

140942053

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1528642

DATE: 07-11-14

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 07:42 PM 07/10/2014  
FILED 07:42 PM 07/10/2014  
SRV 140942053 - 5009190 FILE

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF

**PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - TAMPA, LLC**

Pursuant to the provisions of § 18-202 of the Delaware Limited Liability Company Act, the undersigned PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - TAMPA, LLC, a Delaware limited liability company (the "Company") hereby adopts the following Certificate of Amendment to its Certificate of Formation:

FIRST: The name of the Company prior to any changes effected by this Certificate of Amendment is Pediatric Orthotic and Prosthetic Services - Tampa, LLC.

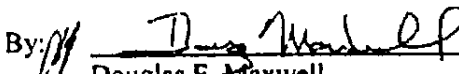
SECOND: Article FIRST of the Certificate of Formation of the Company is hereby amended as follows:

"FIRST: The name of the Company is **Pediatric Orthotic and Prosthetic Services - Southeast, LLC.**"

The foregoing amendment to the Company's Certificate of Formation will become effective upon the filing of this Certificate of Amendment to the Certificate of Formation with the Delaware Secretary of State.

Dated: May 31, 2014.

PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - TAMPA,  
LLC  
(n/k/a Pediatric Orthotic and Prosthetic Services - Southeast, LLC)

By:   
Douglas E. Maxwell  
Authorized Person