

M/6 0000002523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

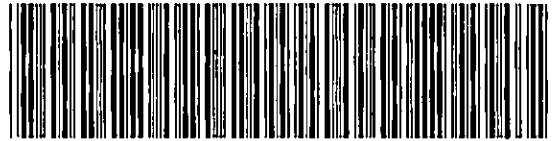
(Business Entity Name)

(Document Number)

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

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02/22/19--01015--012 \*\*60.00

FILED

2019 FEB 22 PM 4:35

CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

C. GOLDEN

FEB 27 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORTHOTECH OF FLORIDA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DICK CURBELO

Name of Person

ORTHOTECH LLC

Firm/Company

1400 NW 107 AVE, SUITE 310

Address

MIAMI, FL 33172

City/State and Zip Code

VCURBELO@ORTHOTECHPR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIDA CURBELO

Name of Person

at ( 787 ) 668-5522

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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

**FILED**

SECTION I (1-4 must be completed)

2019 FEB 22 PM 4:35

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: ORTHOTECH OF FLORIDA LLC

Enter new principal office address, if applicable: 1400 NW 107 AVE  
SUITE 310  
**(Principal office address**  
**MUST BE A STREET ADDRESS)** MIAMI, FL 33172

Enter new mailing address, if applicable: \_\_\_\_\_  
**(Mailing address**  
**MAY BE A POST OFFICE BOX)** \_\_\_\_\_

2. The Florida document number of this limited liability company is: M16000002523

3. Jurisdiction of its organization: MIAMI DADE

4. Date authorized to do business in Florida: 03/25/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: AVIZZOR HEALTH SOLUTIONS LLC  
(must contain "Limited Liability Company," "L.L.C." 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," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **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.*

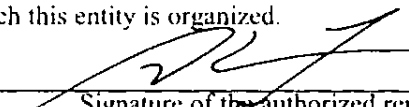
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a 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  
**DICK CURBELO**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



Government of Puerto Rico

## CERTIFICATE OF AMENDMENT

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That on **February 12, 2019**, at **05:39 PM**, "**ORTHOTECH, L.L.C.**", registry number **3355**, performed the following transaction, effective on **March 01, 2019**, at **12:00 AM**:

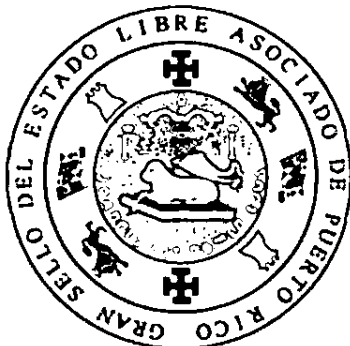
### Name Change

Previous

Actual

**ORTHOTECH, L.L.C.**

**AVIZZOR HEALTH SOLUTIONS LLC**



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **February 12, 2019**.

A handwritten signature in black ink, appearing to be "LGR", followed by a long horizontal line.

**LUIS G. RIVERA MARÍN**  
Secretary of State



Government of Puerto Rico  
Department of State  
Filing Effective Date: 01-Mar-2019  
Transaction Date: 12-Feb-2019  
Register No: 3355  
Order No: 1536788

**Government of Puerto Rico**  
**Amendment to Articles of Incorporation**

**3355-ORTHOTECH, L.L.C.**

*A resolution was adopted setting forth (a) proposed amendment(s) to the Certificate of Incorporation of said corporation, declaring said amendment(s) to be advisable.*

*RESOLVED, that the Certificate of Incorporation of this corporation be amended by changing the following Article(s)*

**Limited Liability Company Name**

Previous  
ORTHOTECH, L.L.C.

Actual  
AVIZZOR HEALTH SOLUTIONS LLC

**Supporting Documents**

Document	Date Issued
Administrator Resolution	12-Feb-2019

**STATEMENT UNDER PENALTY OF PERJURY**

IN WITNESS WHEREOF, I, Cruz, Merari [Resident Agent] the undersigned, being authorized to file amendment(s) for the corporation, hereby swear that the facts herein stated in this certificate are true, this 12th day of February, 2019.