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TO: Amendment Section
Division of Corporations

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SABESAN O	RTHOPAEDICS RESE	ARCH INC.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following	g:	
MANDAK SABESAN			
	(Name of Conta	ct Person)	
SABESAN ORTHOPAEDICS RESEARCH IN	NC.		
	(Firm/ Com	pany)	
18523 OCEAN MIST DR			
	(Addres	s)	•
BOCA RATON FL 33498			
	(City/ State and	Zip Code)	
MNSABESAN@COMCAST.NET			
E-mail address: (to b	oe used for future annua	l report notification	n)
For further information concerning this matter,	please call:		:
MANDAK SABESAN		317 at	5138480
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flor	ida Department of	State:
☐ \$35 Filing Fee = \$43.75 Filing F Certificate of S		y Certif ppy is Certif	0 Filing Fee licate of Status lied Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SABESAN ORTHOPAEDICS RESEARCH INC.

(Name of Corporation as currently filed with the Florida	a Dept. of State)	
N20000011233	nber of Corporation (if k	nawa)
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>-</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered o		enter the name of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent: N/A	· · · · · ·	
New Registered Office Address:	(F	lorida street address)
N/A		()
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
(1) <u>× Change</u> Add	ST	MANDAK SABESAN	18523 Ocean Mist Dr Boca Raton FL 33498
Remove Change Add	<u>v</u>	HOWARD ROUTMAN	900 Village Square Crossing Palm Beach Garden FL 33410
X Remove	<u>v</u>	MARK RICHARDS	17638 Cadena Dr Boca Raton FL 3349 G
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	

		·
		-
		<u>,</u>
		~
		,
The date of each amendment(s) ac date this document was signed.	loption:	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment.	ent(s)

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adopted by the bo	ard of directors.
Dated	04/03/24
Dated	
Signature	Mrsalgen_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MANDAK SABESAN
	(Typed or printed name of person signing)
	SECRETARY & TREASURER
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were