# P0900059534

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ALLAHASSEE, FI ORIDA

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#### **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: GG ORTHOPEDICS

DOCUMENT NUMBER: P 09000059534 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLENA GABRICA Name of Contact Person GG ORTHOPEDICS
Firm/Company 8304 CHRISTOPHER LN WEDU WACHET, FL 34613

City/State and Zip Code GGABRIER & TAMPA BAY. RR. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GLENN GABRIEL at (352) 263-1104

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & **□ \$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

### to Articles of Incorporation

	EDICS, Inc.  ly filed with the Florida Dept. of State)
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:
	word "corporation," "company," or "incorporated" or the signation "Corp," "Inc," or "Co". A professional corporation sional association," or the abbreviation "P.A."
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	FILED  AUG 17 PM 1: 00  CREINRY OF STATE LAHASSEE, FLORIDA  BOX
	stered office address in Florida, enter the name of the
new registered agent and/or the new register  Name of New Registered Agent:	B304 CHRISTOPHICK W
New Registered Office Address:	(Florida street address)
<u>w</u>	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position.
Sign	Aure of New Registered 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)

<u>Title</u>	Name	Address	Type of Action
<u>President</u>	Glen Babriel Glenn Gabriel	8304 CHRISTOPHOR LN WEERI WACHET, FL 34613	☐ Add ☐ Remove
<u>Presiden</u> t	Glenn Gabriel	8304 CHRISTOPHOR W WETH WACHEE, FL 34613	☑ Add ☐ Remove
<del></del>			☐ Add ☐ Remove
	ndment provides for an exchange, recla s for implementing the amendment if n		
	applicable, indicate N/A)		

The date of each amendment	) adoption: <u>8-12-09</u>
15.00	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
•	voting group)
The amendment(s) was/we action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	8-12-09
Signature	director, president of other officer – if directors or officers have not been
sele	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Glenn A. Cabriel (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)