PIS00057332

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Prosthetic Orthotic	Designs			
DOCUMENT NUM	D15000057222				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Adam R. Finnieston				
Name of Contact Person					
Prosthetic Orthotic Designs					
		Firm/ Company			
8445 SW 132 Street					
Address					
Pinecrest, FL 33156					
City/ State and Zip Code			(I)	2	
		eny built and hip cive		₹Ö E	823
podesignsinc@gmail.com) LE	X		
	E-mail address: (to be us	sed for future annual report	notification)	<u> </u>	2023 HAY -2
				71 💢	
For further informati	on concerning this matter, pleas	se call:		쯢두	=
Adam Finnieston		at (699-9916) le & Daytime Telephone Number	ECRETARY OF STAT TALLAHA SEE, FL I	AM IO: II
Name of Contact Person		Area Cod	le & Daytime Telephone Number	_	
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:		
☐ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Division	Address ment Section n of Corporations mure of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Articles of Incorporati

of

Prosthetic Orthotic Designs

Prosinett Official Designs	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P15000057332	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ng amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	ion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address areas in the ASTREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	S 23
	770 2
	CORP
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	334
Name of New Registered Agent	AHIO: 1
Sume of New Registered Agent	- E. St.
	_ 끝됐 =
(Florida street address)	t.,
New Registered Office Address:	
(City)	Code)
New Registered Agent's Signature, if changing Registered Agent:	
New Registered Agent's Signature, it changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
	-
Signature of New Registered Agent, if changing	
Check if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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)

____ Remove

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.

$\frac{X}{X}$ Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	D	Kelly Finnieston	410 SE 16th Court	_
Add			Apt 107	_
x Remove			Fort Lauderdale, FL 33316	
2) Change				-
Add				-
Remove 3) Change				2023 HAY -2 AH 10: 11
Add				- -
Remove			<u> </u>	-2 A
4) Change			<u> </u>	
Add			CRETARY OF STAILE	=
Remove				
5) Change				•
Add				-
Remove				
6) Change				-
Add				-

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		· · · · · · · · · · · · · · · · · · ·
4/7/2 Effective date if applicable:	023	
Timetive date it appreciate.	(no more than 90 days after am	endment file date)
Note: If the date inserted in this bl document's effective date on the Dep		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directo	ors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of vol ficient for approval.	res cast for the amendment(s)
, , , , , , , , , , , , , , , , , , ,	roved by the shareholders through voting groeach voting group entitled to vote separately	, .
"The number of votes cast t	or the amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
selected	ector, president or other officer – if director, by an incorporator – if in the hands of a rect of fiduciary by that fiduciary)	
	Adam R Finnieston	17.023.1

(Typed or printed name of person signing)

(Title of person signing)

President