P98000027128

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COVER LETTER

TO: Amendment Se Division of Cor					
NAME OF CORPO	ORATION: Orthopedix Netwo	ork, Inc.			
	1BER: P98000027128				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return ali com	respondence concerning this ma	atter to the following:			
	Jenny Dominguez				
		Name of Contact Perso	n		
	Orthopedix Network, Inc.				
		Firm/ Company			
	5900 NW 97th Avenue, Unit	1			
		Address			
	Miami, FL 33178				
		City/ State and Zip Cod	e		
For further informati	E-mail address: (to be use on concerning this matter, plea	sed for future annual report	notification)		
		at ()		
Name	of Contact Person	Area Co)de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing 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)		
Mailing Address Amendment Section Division of Corporations		Ameno	Address Iment Section on of Corporations		
P.0	D. Box 6327	The Centre of Tallahassee			
Ta	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment

	Articles of 7	Amendment	÷.	2
to Articles of Incorporation		j.	122	
Articles of Incorporation of				SLF
orthopedix Network, Inc.			• .	
	of Corneration as current	tly filed with the Florida Dept. of State)	<u> </u>	
98000027128	or corporation at carre), i L(₽,
7000027120	(Dagunant Number	of Companying (iftherway)		Ü
	(Document Number o	of Corporation (if known)	٠٠٠ الله	<u>5</u>
ursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	owing am	endmen
. If amending name, enter the new n	ame of the corporation:			
	_		The	new
	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbrew A professional corporation name must co "		
Enter new principal office address,	if annlicable	3750 NW 87th Avenue, Suite 500		
Principal office address <u>MUST BE A S</u>		Doral, FL 33178		
. Enter new mailing address, if appli	icable:	5900 NW 97th Avenue, Unit 1		
(Mailing address MAY BE A POST		57A/ IVW 77B/ Avenue, Only 1		
		Miami, FL 33178		
. If amending the registered agent an new registered agent and/or the new		lress in Florida, enter the name of the s:		
Name of New Registered Agent				
	5900 NW 97th Avenue, U	Init I		
		reet address)		
	(FROTICAL M	•	=	
	Miami	771	14	
New Registered Office Address:	Miami	, Florida 331	/8	

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	_ <u>\$V</u>	Sally Sn		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<u>-</u>		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

Attach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
	and the same of th
lf an amendment provides for an exch-	ance reclassification or concellation of second charge
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
If an amendment provides for an exch. provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

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The date of each amendment(s) a	September 1, 2022	, if other than th
date this document was signed.	<u> </u>	If Other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, to partment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	lment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	2022 SEP 12
by	**	į <u>Ē</u>
	(voting group)	12
		(전
Dated Au	4 3/ 2022/	F=** ,
		6: 5
Signature		<u> </u>
(By a di	rector, president or other officer - if directors or officers have not	been
selected	, by art incorporator - if in the hands of a receiver, trustee, or other	er court
appoint	ed fiduciary by that fiduciary	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	C & O	
	(Title of person signing)	

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