PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7187525

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
HAMMILL MEDICAL, LLC	11/22/2021

RECEIVING PARTY DATA

Name:	ORTHO INVENTIONS, LLC
Street Address:	2855 PGA BOULEVARD
City:	PALM BEACH GARDENS
State/Country:	FLORIDA
Postal Code:	33410

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	10022239

CORRESPONDENCE DATA

Fax Number: (561)625-6572

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 561-625-6575
Email: uspatents@mchaleslavin.com
Correspondent Name: MCHALE & SLAVIN, P.A.
Address Line 1: 2855 PGA BOULEVARD
Address Line 4: PALM BEACH GARDENS, FLORIDA 33410

ATTORNEY DOCKET NUMBER:	5252U.001
NAME OF SUBMITTER:	MICHAEL A. SLAVIN
SIGNATURE:	/Michael A. Slavin/
DATE SIGNED:	02/22/2022

Total Attachments: 6
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source=5252001Namechange#page2.tif
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source=5252001Namechange#page4.tif
source=5252001Namechange#page5.tif
source=5252001Namechange#page6.tif

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2021

BRIAN M TAILLON
2855 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

Re: Document Number L17000243032

The Articles of Amendment to the Articles of Organization for HAMMILL MEDICAL, LLC which changed its name to ORTHO INVENTIONS, LLC, a Florida limited liability company, were filed on November 22, 2021.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Alecia Rivers
Regulatory Specialist II
Division of Corporations

Letter Number: 621A00029607

L17 000343072

(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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DEC - 9 2021

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11/22/21--01016--017 **25.00

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2021 NOV 22 AM 10:56

OFFICE OF SECRETARY OF STATE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HAMMILL MEDICAL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian M. Taillon
Name of Person

McHale & Slavin, P.A.
Firm/Company

2855 PGA Boulevard
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

btaillon@mchaleslavin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian M. Taillon at (561) 625-6575
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HAMMILL MEDICAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/27/2017 and assigned Florida document number L17000243032.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ORTHO INVENTIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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

B. If amending the registered agent and/or registered office 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*

FILED
2017 NOV 22 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 9, 2021

Signature of a member or authorized representative of a member

BRIAN M. TAILLON

Typed or printed name of signee