## 109000079688

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SECRETANT OF STATE
AND ANASSEE, FLORIDA

J. BRYAN

AUG 1 5 2010

**EXAMINER** 

## **COVER LETTER**

TO: A Registration Section
Division of Corporations

SUBJECT:	Brain and S	Spine Center, LLC	
5050ECT		ted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•		Rafael Foss Name of Person	
		3 J Firm LLC Firm/Company	<del> </del>
		P.O. Box 6455 Address	TALLS TO F
	Wes	t Palm Beach, FL 33405 City/State and Zip Code	- LEILE
	E-mail address: (	rafaelfoss@gmail.com to be used for future annual report notificat	tion) To a D
For further information	concerning this matter, please o	all:	RIDA 49
	Rafael Foss of Person	at ( 786 ) 37 Area Code & Daytime T	70-1111 'elephone 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brain and Spin	e Center, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	s on our records.)	
(11 Torica Brillion	smornly company)		
The Articles of Organization for this Limited Liability Company	were filed on	08/18/2009	and assigned
Florida document numberL09000079688			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			100 6
(Principal office address MUST BE A STREET ADDRESS)			E T
		<del></del>	
•			SEED
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			97
			Dri a
B. If amending the registered agent and/or registered of	Fige address on a	ur rocarde antar t	he name of the new
registered agent and/or the new registered office address her		di records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	······································		<del></del>
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zip Code
Name Description of Association (C. 1. 1. D. 1. 1. D. 1.			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BACH, GREGORY	4212 Northlake Blvd. Palm Beach Gardens, FL 33	✓ Add 410
			Add Remove
			Add Remove
<del></del>			Add Remove
			AddRemove
			Add Remove
D. If amen	iding any other information,	enter change(s) here: (Attach additional sheets, if	<u> </u>
			PM 1: 49
 Dated	August 5th	, 2010 .	
	Signatur	of a member or authorized representative of a member	
	-	Rafael Foss	
		Typed or printed name of signee	

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Filing Fee: \$25.00