

L16000140328

VCA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

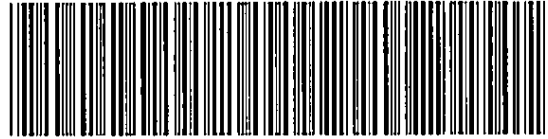
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPINE INSTUTUTE OF FLORIDA, PLLC
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:

KEITH W KOEHLER

Name of Person

KOEHLER FARRY & COMPANY CPA PA

Firm/Company

401 N HOWARD AVENUE

Address

TAMPA FL 33606

City/State and Zip Code

KEITH@KFCCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH W KOEHLER at (813) 250-1200
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**

SPINE INSTITUTE OF FLORIDA, PLLC

(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 07/20/2016 and assigned Florida document number L16000140328.

This amendment is submitted to amend the following:

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

SPINE INSTITUTE OF FLORIDA, PLLC

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:

6536 Gunn Hwy

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33625

Enter new mailing address, if applicable:

7702 Still Park Circle

(Mailing address MAY BE A POST OFFICE BOX)

Odessa, FL 33556

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TALLAHASSEE FL

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:

Mark Nicholas Perenich

New Registered Office Address:

6536 Gunn Hwy

Enter Florida street address

Tampa

City

Florida

33625

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Ashley Perenich</u>	<u>7702 Still Park Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Odessa, FL 33556</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 January 15 , 2024 .

Ashley Perenich
Signature of a member or authorized representative of a member

Ashley Perenich, AMBR
Typed or printed name of signee