## Iorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443~5829

\*\*Enter the email address for this business entity to be used for  $f\widetilde{\Xi}_{\overline{\mathbf{M}}}$ e annual report mailings. Enter only one email address please.\*\*>

Email	Address:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPINECARE ASSOCIATES, L.L.C.

Certificate of Status	0
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DEC 1 7 2013

12/16/2013

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPINECARE ASSOCIATES, L.L.C.

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

The Aductes of Organization for this Limited Liab	ility Company were filed on WARC	and assigned
Florida document number L02000005835	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Llability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
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		records, enter one name or the new
Name of New Registered Agent:		
New Registered Office Address:		
TOWN TOPISHOOD ON THE CAME OF	Enter F	Florida street address
•		, Florida
•	City	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 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 hability 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 Title <u>Name</u> <u>Address</u> Type of Action 1245 COURT ST. **MGR** ALAN S. GASSMAN, ESQ. CLEARWATER, FL 33756 2250 DREW STREET **SCOTT WEBB** MGR CLEARWATER, FL 33765

D.	If ame	ending any	other inform	ation, enter	change(s) here;	(Attach addition	al sheets, if necess	ary.)
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			Si	gnature of a m	ember of authoriz	zed representative of	of a member	
		A L A N	IS CAS	CRAAN A	CALITHO	DIZEN DED	RESENTAT	11/12

Typed or printed name of signee
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Filing Fee: \$25.00