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S. WARREN
JUL 2 7 2017

COVER LETTER

TO: Registration Se Division of Cor			
	FAMILY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura Henderson		
		Name of Person	
	Ronzo Family, LLC		
		Firm/Company	
	4211 West Boy Scout Bou	levard. Suite 400	
		Address	
	Tampa, FL 33607		
	maggie@biospine.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report notifi	ication)
For further information e	oncerning this matter, please ea	all:	
Laura Henderson		813 443-2108	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ S25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ronzo Family, LLC		
(Name of the Limited Linbility Co (A Florida Lim	ompany as it now appears on our little Liability Company)	(ecords,)
The Articles of Organization for this Limited Liability Comp.	pany were filed on February 17	and assigned and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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 ADDRES.	5)	,
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		ecords, enter the name of th
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
Nam Pagistared Office Address		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address.	Enter Florida street	
New Registered Office Address.		, Florida

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 liah this 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 = Månager

AMBR = Authorized Member **Type of Action** Address Title | Name | _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change _____D Add _□ Remove ☐ Change _□ Add _□ Remove _ Change □ Add ☐ Change

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Filing Fee: \$25.00