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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations BACK TO NECK SPINAL DECOMPRESSION 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: DR. TED H. PERKINS
(Name of Person) 780 US1 SUITE 200 VERO BEAULY FZ 32962 (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, \$30.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Back TO Neck Spinal Decompression LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on July 14.2005 and assigned document number		
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	limited	
	Name Change To: Spinal Decompression Center	`,LL	C
Dated (Jugust 1 2005	05 AUG -5	* <u>-</u>
Daicu	Signature of a member or authorized representative of a member TED H. PERINS Typed or printed name of signee	PH 12: 51	

Filing Fee: \$25.00