

L06000077881

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J. BRYAN JAN 26 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Clinic Spinal Decompression Center L.L.C
(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:

Penny Rae Pugliese, member
(Name of Person)
Alpha Clinic Spinal Decompression Center
(Firm/Company)
7850 Ulmerton Rd. Suite # 2A
(Address)
Largo Florida 33771
(City/State and Zip Code)

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For further information concerning this matter, please call:

Penny Pugliese at 708 280-3376
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Alpha Clinic Spinal Decompression Center
(Present Name)
(A Florida Limited Liability Company) PLLC

FIRST: The Articles of Organization were filed on 09-09-2006 and assigned
document number L06000077FF1.

SECOND: This amendment is submitted to amend the following: (Address + name)
To change above from
Alpha Clinic Spinal Decompression PLLC
to:

1) Alpha Clinic LLC

to be effective ASAP PLS. (BY 02-05-07)

Address/Location Change - for all matters

2) 7950 Ulmerton Rd.

Suite #2A

LARGO, Florida 33771

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Dated 01-22-07

Penny Rae Pugliese RN.

Signature of a member or authorized representative of a member

Penny Rae Pugliese, RN.

Typed or printed name of signee