

LO7000079086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

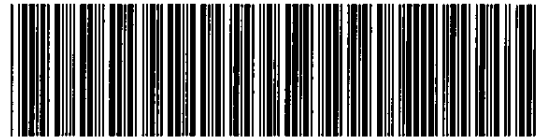
(Document Number)

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08/03/07--01029--001 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KEYS SPINAL DECOMPRESSION OF KEY WEST 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:

**THOMAS D. WRIGHT, ESQ.**

(Name of Person)

**LAW OFFICES OF THOMAS D. WRIGHT, CHARTERED**

(Firm/Company)

**9711 Overseas Highway**

(Address)

**Marathon, FL 33050**

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Susan L. Richards**

(Name of Person)

at ( **305** ) **743-8118**

(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**

**KEYS SPINAL DECOMPRESSION OF KEY WEST LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 08-01-07 and assigned document number L07000079086.

**SECOND:** This amendment is submitted to amend the following:

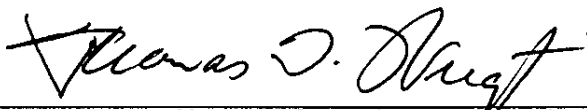
**Principal Address of LLC should be:**

3712 North Roosevelt Blvd, Unit C

Key West, FL 33040

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated August 2, 2007.



Signature of a member or authorized representative of a member

Thomas D. Wright, Esq.

Typed or printed name of signee

**Filing Fee: \$25.00**