

L08000041365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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L. SELLERS  
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EXAMINER

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08 SEP 22 AM 8:32  
SECURITY STATE  
TALLAHASSEE FLORIDA

BISCUP  
SPINE  
INSTITUTE

September 16, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attention Registration Section:

The undersigned, founding member of both Biscup Spine Institute, LLC, whose name was subsequently changed to Florida Neurological Surgery, LLC, and Biscup Institute, LLC do hereby authorize the transfer and use of the name Biscup Spine Institute to Biscup Institute, LLC.

Please contact my office at 954-355-4088 if you require additional information or forms to affect the transfer contemplated by this letter and the attached Articles of Amendment. Thank you for your assistance.

Very truly yours,



Dr. Robert S. Biscup, D.O.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Biscup Institute, 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. Robert Biscup, D.O.

(Name of Person)

Biscup Spine Institute, LLC

(Firm/Company)

1301 E. Broward Blvd, Suite 300

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Clyde Fredrickson

(Name of Person)

at ( 954 ) 355-4088

(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**

BISCUP INSTITUTE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 24, 2008 and assigned  
Florida document number L08000041365.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Biscup Spine Institute, LLC

The new name must be distinguishable and end with 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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 address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

, Florida

(City)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 liability 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**

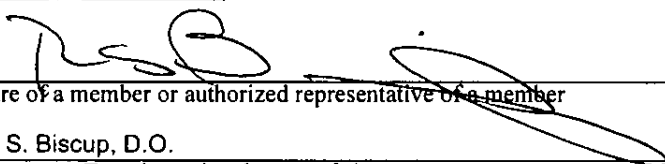
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 16, 2008.

  
Signature of a member or authorized representative of a member

Dr. Robert S. Biscup, D.O.

Typed or printed name of signee

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TALLAHASSEE FLORIDA