

L69000054083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

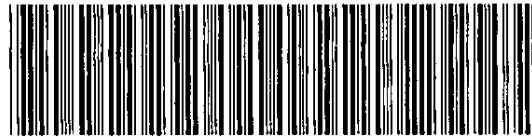
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 21 AM 11:00

W HAMPTON  
SEP 22 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TAMPA BAY ORTHOPAEDIC & SPINE, 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:

**GEORGE LEROE**

Name of Person

**TBOS**

Firm/Company

**11303 COUNTRYWAY BLVD**

Address

**TAMPA, FL. 33626**

City/State and Zip Code

**TBORTHOPAEDICANDSPINE@HOTMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**GEORGE LEROE**

Name of Person

at ( **813** )

**855-8450**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 SEP 21 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 3, 2010

GEORGE LEROE  
11303 COUNTRYWIDE BLVD  
TAMPA, FL 33626

SUBJECT: TAMPA BAY ORTHOPAEDIC & SPINE, LLC  
Ref. Number: L09000054083

We have received your document for TAMPA BAY ORTHOPAEDIC & SPINE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 810A00021162

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TAMPA BAY ORTHOPAEDIC & SPINE, LLC.**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 21 AM 11:03

The Articles of Organization for this Limited Liability Company were filed on 06/04/2009 and assigned  
Florida document number L09000054083.

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 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:

DAVID WALL

New Registered Office Address:

11303 COUNTRYWAY BLVD.

*Enter Florida street address*

TAMPA

, Florida

33626

*City*

*Zip Code*

**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>
MGR	ERIK BENTON	11303 COUNTRYWAY BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input checked="" type="checkbox"/> Remove
MGR	DAVID WALL	11303 COUNTRYWAY BLVD	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated AUGUST 28TH, 2010

X   
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ERIK BENTON  
\_\_\_\_\_  
Typed or printed name of signee

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10 SEP 21 AM 11:03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS