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(Re	equestor's Name)	
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SECRETARY OF STATE

THE D

COVER LETTER

	stration Sec sion of Corp			
	BRAIN ANI) SPINE CENTER, LLC.		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed a	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	ill correspon	dence concerning this matter t	to the following:	
		Jonathan Grand, D.C.		
			Name of Person	
		AMG Therapy Centers, LI	.C.	
			Firm/Company	
		11751 Stonehaven Way		
			Address	
		West Palm Beach, FL 334	12	
			City/State and Zip Code	
		jon@eliteorthofl.com	to be used for future annual report notif	(mark ya)
For further inf	ormation co	ncerning this matter, please ca	·	icaton)
Jonathan Gran	nd. D.C.		561 797-3345	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ing 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

BRAIN AND SPINE CENTER, 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 tiled on $\frac{08/18/2009}{1}$ and assigned Florida document number 1.09000079688 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8925 SE Bridge Road Enter new principal offices address, if applicable: Hobe Sound, FL 33455 (Principal office address MUST BE A STREET ADDRESS) 8925 SE Bridge Road Enter new mailing address, if applicable: Hobe Sound, FL 33455 (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: Jonathan Grand, D.C. Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 605, 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.

11751 Stonehaven Way

West Palm Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RJ Firm, LLC.	PO Box 6455	
		West Palm Beach, FL 33405	■ Remove
		Change	
MGR	AMG Therapy Centers, LLC.	11751 Stonehaven Way	■ Add
	West Palm Beach, FL 33412	□ Remove	
			Change
		□ Remove	
			Change
		TO Add O	
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		_ □ Remove	
		☐ Change	
		Remove	
			□ Change

Effective date, if other than the date of filing: (If far effective date is listed, the date entsy be specific and cannot be prive to date of filing or more than 90 days after filing.) Pursuant to 605,0207. Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: The 90th day after the record is filed. Dated August 1 ST 2018 Signature of agfember or suitherized representative of a member Jonuthan Grand, D.C.		
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Signature of agreember or authorized representative of a member) The	e 90th day after the record is filed.
	Dated	August 1st 2018
Jonathan Grand, D.C.		Signature of agriculture or authorized representative of a member
		Jonathan Grand, D.C.

Page 3 of 3

Filing Fee: \$25.00