

L13000017447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

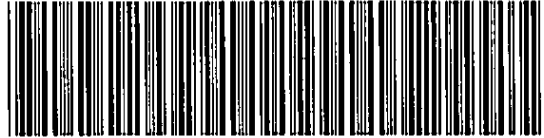
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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T. CLINE

OCT 22 2018

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2018

KEYNE JOHNSON
25 W KALEY STE. 200
ORLANDO, FL 32806

SUBJECT: BRAIN AND SPINE INSTITUTE FOR CHILDREN, LLC
Ref. Number: L13000017447

We have received your document for BRAIN AND SPINE INSTITUTE FOR CHILDREN, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 of 3 was missing from your document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 518A00020488

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brain and Spine Institute for Children, 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:

Keyne Johnson
Name of Person

Brain and Spine Institute for Children
Firm/Company

25 W Kaley Ste. 200
Address

Orlando, FL 32806
City/State and Zip Code

kjohnsonmb@basicoorlando.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keyne Johnson at (407) 488-9509
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

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DIVISION OF CORPORATIONS
OCT 17 2018

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

Brain and Spine Institute for Children, 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 11-26-14 and assigned Florida document number L13000017447.

This amendment is submitted to amend the following:

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

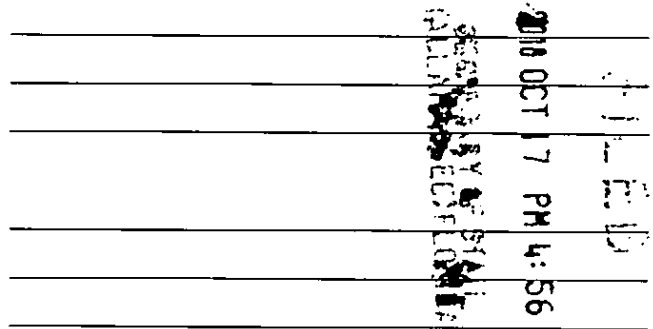
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Keyne Johnson, MD

New Registered Office Address:

25 W Kaley St. Ste. 200
Enter Florida street address

Orlando
City

Florida

32806
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 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.

Keyne Johnson, MD
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Erick Wicker	25 West Kaley Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32806	<input type="checkbox"/> Change
AMBR	Erick Wicker	25 West Kaley Street	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32806	<input type="checkbox"/> Change
MGR	Keyne K. Johnson, MD	25 West Kaley Street	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Orlando, FL 32806	<input type="checkbox"/> Change
AMBR	Keyne K. Johnson, MD	25 West Kaley Street	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Orlando, FL 32806	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
JANUARY 13 2014

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

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E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 25, 2018


Signature of a member or authorized representative of a member

Keyne K. Johnson
Typed or printed name of signee

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

Brain and Spine Institute for Children, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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."

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:

Keyne Johnson, MD

New Registered Office Address:

25 W HALEY ST. Ste. 200

Enter Florida street address

Orlando

City

Florida

32806

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 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.

Keyne Johnson, MD
If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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		Suite 200	<input type="checkbox"/> Remove
		Orlando, FL 32806	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 25, 2018

Signature of a member or authorized representative of a member

Keyne K. Johnson

Typed or printed name of signee