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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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: (614)280-3338

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA SPINE AND JOINT INSTITUTE, LLC

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A. LUNT

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SPINE AND JOINT IN			
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited L			
Florida document number L13000022869	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company." the designati	on "LLC" or the abbreviation "LdC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREE			# # T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			7. 0. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
B. If amending the registered agent and registered agent and/or the new registered of	or registered off	fice address on our	records, enter the name of the new
Name of New Registered Agent:	C T Corporation	System	
New Registered Office Address:	1200 South Pine	: Island Road	
iven ixedimenta Onice induces.	Enter Florida street address		
	Plantation		. Florida <sup>33324</sup>
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

Mike Jones Assistant Secretary

Page 1 of 3

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	DANNY FEDER	1103 Banks Road	🖸 Add
		Margate, Fl. 33063	🖸 Remove
			Change
MGR	Mark Brockelman, CFO	6001 BROKEN SOUND PARKWAY SUITE 63	0 
		Boca Raton Florida 33487	🗆 Remove
			Change
AMBR	Ryan Fulcher, CEO	6001 BROKEN SOUND PARKWAY SUITE 630	O
		Boca Raton, Florida 33487	🗆 Remove
			Change
			D Add
			Remove
			Change
			ST. 89
			_ DR move U
			🗆 Change
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			Change

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ffective date, if other than the date of fi an effective date is listed, the date must be specificate: If the date inserted in this block does not be determined to the date on the Department	c and cannot be prior to not meet the applical	o date of filing or more that ble statutory filing requ	(optional) in 90 days after filing.) irements, this date w	Pursuant to 605.0207 (3 riff not be listed as th
e record specifies a delayed effectiv The 90th day after the record is fil	ve date, but not ed.	an effective time,	at 12:01 a.m. o	n the earlier of:
January 10th	2019	<u>.</u> .		
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Page 3 of 3

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