## L13000022869

(Red	questor's Name)	
——(Ado	dress)	<del></del>
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(City	y/State/Zip/Phone #/	)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	

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A. RIVERS MAR 1 4 2023

## COVER LETTER

	Registration S Division of Co				,
er barz	FLORIDA	SPINE AND JOINT INSTITU	JTE LLC		
SUBJEC	1:	Name of Lir	nited Liability Company		
The enclo	sed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please reti	urn all corresp	ondence concerning this matter	r to the following:		
		KIMBERLY MARTORA	NO		
			Name of Person	·	
		FLORIDA SPINE AND J	OINT INSTITUTE		
			Firm/Company		
		1885 MARINA MILE BL	VD, SUITE 103		
			Address		<del></del>
		FT LAUDERDALE, FLO	RIDA 33315		
			City/State and Zip Co	de	
		AP@IRISECARE.COM	to be used for future ann	ual report portifica	tion
or further	information c	oncerning this matter, please c			
ALTHEA	RIVAS JOSE	РП		674-9608	
	Name o	f Person	Area Code	Daytime T	elephone Number
Enclosed is	a check for th	ne following amount:			
<b>≡</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing For Certified Copy tadditional copy is		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is erclosed)
	<u>ailing Addres</u> egistration S			<u>Address:</u> stration Section	าก
	ivision of C			ion of Corpo	
	O. Box 632			entre of Tall	
Ta	illahassee. I	71. 32314	2415	N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SPINE AND JOINT INSTITUTE LLC		<u> </u>
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	_
The Articles of Organization for this Limited Liability Company w Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
	• •	
Enter new principal offices address, if applicable:	<u>*</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	223
Manang dauress may be a rost or ries born		<u> </u>
		7, 20,
B. If amending the registered agent and/or registered office as	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		三三
		0
Name of New Registered Agent:		
Name of New Registered Agent.		•
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	•
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	perjormance of my unites, und provided for in Chapter 605. F.	S. Or, if this document is

company has been notified in writing of this change.

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>	Address	Type of Action
CEO	RYAN FULCHER	6782 W SUNRISE BLVD	🗀 Add
	_	PLANTATION, FL 33313	
	·		□Change
C00	KIMBERLY MARTORANO	6782 W SUNRISE BLVD	🗏 Add
		PLANTATION, FL 33313	□Remove
			Change
		<u> </u>	. □Add
·			□Remove
	- <del></del>		
		. <u></u>	□Add
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Note: If the	date inserted in t	in the date of file ate must be specific a this block does no the Department o	t meet the appl	icable statutor	ig or more than 90 y filing requirem	(optional) days after filing.) tents, this date w	Pursuant to 605.00 vill not be listed
e record spec rd is filed.	ifies a delayed ef	ffective date, but n -	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after t
Nove	mber 11th	·	2022 .	·			
Dated							

Filing Fee: \$25.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2023

KIMBERLY MARTORANO 1885 MARINA MILE BLVD SUITE 103 FT. LAUDERDALE, FL 33315

SUBJECT: FLORIDA SPINE AND JOINT INSTITUTE, LLC

Ref. Number: L13000022869

We have received your document for FLORIDA SPINE AND JOINT INSTITUTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with 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) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 723A00003112

FEB 2 / 2023