

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RSP Equipment Company, LLC
Name of Limited Liability Company

FILED
13 MAY - 9 PM 2011
REGISTRATION SECTION
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wanda Lawrence-Jones
Name of Person
RSP Equipment Company, LLC
Firm/Company
7207 Golden Wings Road, Suite 100
Address
Jacksonville, FL 32244
City/State and Zip Code
wanda@riversidespine.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Lawrence-Jones at **904 389-1010**
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

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

RSP Equipment Company, LLC

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

FILED
13 MAY - 9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/26/2013 and assigned
Florida document number L13000030560.

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:

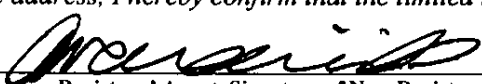
Name of New Registered Agent: Stephen S. Kramarich, M.D.

New Registered Office Address: 7207 Golden Wings Road, Suite 100
Enter Florida street address

Jacksonville, Florida 32244
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

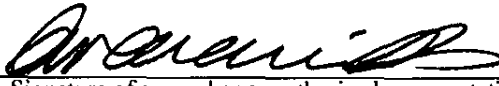
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephen S. Kramarich, M.D.	7207 Golden Wings Rd.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Jacksonville, FL 32244	
MGRM	Craig A. Kornick, M.D.	7207 Golden Wings Rd.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Jacksonville, FL 32244	
MGRM	Ronak A. Patel, D.O.	7207 Golden Wings Rd.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Jacksonville, FL 32244	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 MAY - 9 21 PM 2:51
 DEPARTMENT OF STATE
 PALM BEACH, FLORIDA
 FILED

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

Please add our FEIN # 46-2158874

Dated April 29, 2013



Signature of a member or authorized representative of a member

Stephen S. Kramarich, M.D.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 MAY -9 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA