

**L13 0000 32492**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA OUTPATIENT SPECIALTY SERVICES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

C. BRUMBLEY

SEP - 6 2022

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2022 SEP - 2 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP - 2 PM 4:15

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

H22000303571

FLORIDA OUTPATIENT SPECIALTY SERVICES 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 March 1, 2013 and assigned  
Florida document number L13000032492.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

6782 W. Sunrise Blvd.

Plantation, FL 33313

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nikolay Kolev	2385 NW Executive Center Drive, # 450	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Florida Spine and Joint Institute, LLC	6782 W. Sunrise Blvd.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Ryun Fulcher	6782 W. Sunrise Blvd.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

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 2, 2022

/s/ Ryan Fulcher

Signature of a member or authorized representative of a member

**Ryan Fulcher**

Typed or printed name of signee

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**Filing Fee: \$25.00**