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2018 SEP -6 PM II II



September 5, 2018

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Florida Spine & Pain Institute LLC Document Number L13000163585

**Division of Corporations:** 

Please see attached the Amendment to the Articles of Organization for the Florida Spine & Pain Institute LLC. Kindly remove the name: Dara D. Sanchez from the Sunbiz website for this LLC.

A check for the \$25.00 filing fee is also attached.

If you have any questions, I can be reached at 407-802-1060.

Thank you,

David H. Trevett

enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Plorida document number L13000163585		and assigned
Fhis amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
N/A		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.(
Enter new principal offices address, if applicable:	N/A	S
Principal office address MUST BE A STREET AD	DRESS)	元(1) <b>つ</b>
		<u> </u>
Enter new mailing address, if applicable:	N/A	7 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Mailing address MAY BE A POST OFFICE BOX)		
		ン ン
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:		enter the name of the ne
<u> </u>		
New Registered Office Address:	Enter Florida street address	
	. Flori	•

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

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>	Name	Address	Type of Action
MGR	Dara D. Sanchez		
		835 Oak Shadows Road Celebration, FL 34747	Remove
			☐ Change
			□ Remove
		Change	
			ORGONOS P
			CO. T.
			Add O TO
			□ Remove
			☐ Change
			□ Add
		Remove	
			☐ Change
			Add
			□ Remove
			Change

	The Company shall be member-managed. The name and address of the Company's sole member is Javier A.
-	Placer, M.D., 835 Oak Shadows Road, Celebration, Florida 34747. Title MGRM.
-	ADD NEW ARTICLE; ARTICLE V PURPOSE
-	*The purpose for which this Limited Liability Company is organized is:
	ANY AND ALL LAWFUL BUSINESS*
-	
_	•
_	
_	SET SET
-	3:5: 1 
_	
_	<del> </del>
_	
-	
an ett	ive date, if other than the date of filing: August 23, 2018 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
locum	
locum e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
locum e rec	90th day after the record is filed.

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Filing Fee: \$25.00