

L15000047124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

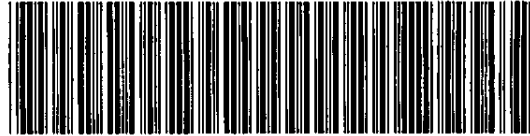
(Business Entity Name)

(Document Number)

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15 APR -2 AM 11:28
DIVISION OF CORPORATIONS
SECRETARY OF STATE

C.L.
4-20-15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN SPINE & ORTHOPAEDIC INSTITUTE, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

FRANK ALVAREZ MD

Name of Person

AMERICAN SPINE & ORTHOPAEDIC INSTITUTE, LLC

Firm/Company

2808 ENTERPRISE ROAD STE 105

Address

DEBARY, FL 32713

City/State and Zip Code

KHERZOG.ADV@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERRI HERZOG

at **407** **928-1901**

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR -2 AM 11:28

AMERICAN SPINE & ORTHOPAEDIC INSTITUTE, 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 16, 2015 and assigned Florida document number L15000047124.

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)

2808 ENTERPRISE ROAD

STE 105

DEBARY, FL 32713

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2808 ENTERPRISE ROAD

STE 105

DEBARY, FL 32713

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:

FRANK ALVAREZ MD

New Registered Office Address:

2808 ENTERPRISE RD STE 105

Enter Florida street address

DEBARY

City

, Florida 32713

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.

Frank Alvarez MD Managing member
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES MANZANARES MI	466 CALABAY PARC BLVD	<input type="checkbox"/> Add
		DAVENPORT FL 33897	<input checked="" type="checkbox"/> Remove
MGR	FRANK ALVAREZ MD	2808 ENTERPRISE RD STE 105	<input checked="" type="checkbox"/> Add
		DEBARY FL 32713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -2 AM 11:28

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 26, 2015

X Frank Alvarez MD Managing Member
Signature of a member or authorized representative of a member

FRANK ALVAREZ MD

Typed or printed name of signee