L15000047-124

	(Requestor's Name)	
	(Address)	
	(Address)	<u></u>
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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January 25, 2016

MICHAEL L SMITH 1101 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: AMERICAN SPINE & ORTHOPAEDIC INSTITUTE, LLC

Ref. Number: L15000047124

We have received your document for AMERICAN SPINE & ORTHOPAEDIC 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):

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 816A00001590

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co			
American SUBJECT:	Spine & Orthopaedic Institute,	LLC	
	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael L. Smith		
		Name of Person	
	The Health Law Firm		
		Firm/Company	
	1101 Douglas Avenue		
		Address	
	Altamonte Springs, FL 32	714	
		City/State and Zip Code	
	msmith@thehealthlawfirm. E-mail address: (com to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	·	
Michael L. Smith		407 331-6620	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	ha fallowing amounts		
\$25.00 Filing Fee	-	□ \$55.00 Eiling Fac. &	□ 6(0,00 Pilles Ps)
5 25.00 Filing rec	□ \$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 radditional 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

ed Liability Company)	
ny were filed on 03/16/2015	and assigned
ability company bere:	
hility Company," the designation "LLC" or the	
13414 Southern Way	6 F
Windermere, FL 34786	## EB -
13414 Southern Way	
Windermere, FL 34786	35
<u>re</u> ;	the name of the new
ra Wey	
Enter Florida street address	
Florida 34	
•	Zip Code
performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	familiar with and if this document is
	Windermere, FL 34786 13414 Southern Way Windermere, FL 34786 office address on our records, enterse: uzanares, M.D. ra Way Enter Florida street address

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Frank Alvarez, M.D.	2808 Enterprise Road, Suite 105	
		Dehary, FL 32713	Remove
			☐ Change
MGR	James B. Manzanares, M.D.	13414 Southern Way	■ Add
		Windermere, FL 34786	Remove
			☐ Change
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Filing Fee: \$25.00