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COVER LETTER

TO: Registration Section
Division of Corporations

SPORTS & SUBJECT:	E SPINE MEDICAL REHABIL	ITATION PLLC	يرثني المتعارض المتعا
300JEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	i i je komen i je kome Na komen i je komen i
Please return all correspondent	ondence concerning this matter	to the following:	Sir
	DIANA HUSSAIN		1;
	SPORTS & SPINE MEDIC	Name of Person CAL REHABILITATION PLLC	
	9239 BAYWAY DR	Firm/Company	
	ORLANDO, FL 32819	Address	
	sportsspine123@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
DIANA HUSSAIN		310 9679366 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION **OF**

SPORTS & SPINE MEDICAL REHABILITATION PLLC

ART	CICLES OF ORGANIZA OF	ears on our records.) 04/27/2015 and assigned
SPORTS & SPINE MEDICAL RE	EHABILITATION PLLC	
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	eurs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	04/27/2015 and assigned *
Florida document number L15000073430		v v
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	······································
	.	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	• •	on our records, enter the name of the n
Name of New Registered Agent:	DIANA HUSSAIN	
New Registered Office Address:	9239 BAYWAY DR	
	Enter I	lorida street address
	ORLANDO	, Florida 32819
	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.

gistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
	••		Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			☐ Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In 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 More; [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. [In effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date on the Department of State's records.] [In effective date in State on the Department of State's records.] [In effective date on the Department of State's records.]		
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Filing Fee: \$25.00