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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
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O SIMMONS

From Back & Neck Inst.

1218 Park Avenue Orange Park, FL 32073 904-269-2437 904-264-2330 www.endyourpain.org



To:	Octavia	Fi	om:	Tanya Alca	ntara
Fax:	850-245-6030	Pa	ages:		
Phone:	·	Di	ate:	November	22, 2016
Re:	Name Change	C	: :		
X Urgent	☐ For Review	☐ Please Comment	ΠP	Please Reply	☐ Please Recycle
Comments	S:				
Faxing the	Name choice as th	ne first name chosen wa	s taker	n,	

Payment was send in form of Check, Ck# 1502, 10/26/2016, check cleared

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Medical perhes 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:
V K Medical Properties LLC
9250 Cypress Green Drive
Jacksonville, FC 32256
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Viresh 5. Patel 1407, 739-1935
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

VK Medical Proce	Λ.1.	2 ecords,) 29,2015	and assi	ionad	
Florida document number. 4500075800	were fried on y the trace	1 1/21010	_ 4110 4551	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab VK POPCHES 1 LLC The new name must be distinguishable and contain the words Limited Liabi	 ب	"LIC" or the abbre	viation "I. I	LC"	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9250 Cypr Jacksonvi	res Grand	en 1 32	257 257	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12/8 Parks Grange Pa	Avenue XX, FC	320	 373	3
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ords, enter the	name (of the n	<u>iew</u>
Name of New Registered Agent:	M	и			
New Registered Office Address:	Enter Florida street a	uddress			
		_, Florida	<u> </u>	ਰੱ	
New Registered Agent's Signature, if changing Registered Agent:	City	•	Zip Code	NOV 2	
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie provided for in Chapter 6	rs, and I am fam. 505, F.S. Or, if t	to compl iliar with his doçui	N ly with the rand ment is	/ * * * * * * * * * * * * * * * * * * *

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	<u>Address</u>	Type of Action
	ochange	<u>s</u>	Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
none
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L: 06
E. Effective date, if other than the date of filing: Oct 2000 (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 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 October 26, 2014
Signature of a member or authorized representative of a member
Viresh S. Patel CEO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00