## LISOCOCO GIST

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_





300291019683

10/07/16--01018--012 \*\*25.00

16 OCT -7 PH J: 11

OCT 1 0 2015 Y S'11 V'' \

## **COVER LETTER**

--- -- - - -

Div	ision of Corp	porations		
SUBJECT:		s Spine Instruments, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Giselle Garcia		
			Name of Person	
			Firm/Company	
		3880 Bird Rd #512		
			Address	
		Miami, FL 33146		
			City/State and Zip Code	<u>.</u>
		gisyggg@gmail.com	10.0	,,
		E-mail address; (i	to be used for future annual report notif	tication)
For further in	iformation co	oncerning this matter, please ca	all:	
Giselle Garc	ia		786- 942-9786 at ()_	
	Name of	Person .		e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■</b> \$25.00 F	iling 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:

TO:

**Registration Section** 

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

ited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )
_iability Company	were filed on 05/26/2015	and assigned
lowing:		
of the limited liab	ility company here:	
words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
cable:	3880 Bird Rd, #512	
ET ADDRESS)	Miami, FL 33146	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		s, enter the name of the
3880 Bird Rd #		,
	Enter Florida street addres.	s ; g
Miami	El	33146
141101111	. PH	orida . )
	City	orida 33146 Zip Code
	Liability Company  Illowing:  of the limited liab  words "Limited Liabi icable: ET ADDRESS)  d/or registered of office address her  Giselle Garcia	words "Limited Liability Company," the designation "LLC icable:    Section   3880 Bird Rd, #512

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Giselle Garcia	3880 Bird Rd #512	<b>≌</b> Add
		Miami, FL 33146	□ Remove
		<del></del>	Change
MGR	Felix Dolorit	3400 SW 22 Street	
		Miami, FL 33145	■ Remove
			□ Change
			□ Add
			□ Remove
			Change
			☐ Add
			Remove
			Change
			Add
			□ Remove
			□ Change

	<del></del>
	CT -
<u> </u>	
	***
	Printer.
· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Filing Fee: \$25.00