L15000111763

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S. WARREN AUG 2 4 2017

COVER LETTER

то:	Registration Se Division of Cor				
CLUBI		CIALISTS OF SOUTH FLOR	RIDA LLC		
SORI	EC1:	Name of Lim	ited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		CARIANNE YANTZ			
			Name of Person		
		SPINE SPECIALISTS OF	SOUTH FLORIDA LLC		
Firm/Company					
		2047 PALM BEACH LAK	CES BLVD STE 100		
		WEST PALM BEACH, FI	L 33409		
The ence Please re CARIA		City/State and Zip Code			
		JWALKER@ORTHOSPIN E-mail address: (EFL.COM to be used for future annual report notifi	cation)	
For fu	urther information co	oncerning this matter, please co	all:		
CARI	IANNE YANTZ		561 507-0800 EX		
	Name of	l Person	at () Area Code Daytime	Telephone Number	
Enclo:	sed is a check for th	e following amount:			
■ \$2	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

SPINE SPECIALISTS OF SOUTH FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida l	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>Li5000111763</u>	ompany were filed on $\frac{06/2}{}$	5/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	2:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Florida
New Registered Agent's Signature, if changing Registered	·	,
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and consecept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ment as provided for in Ch I office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or; if this accument is confirm that the limited liability
	ii Changing Registered Agei	t, 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>	<u>Name</u>	Address	Type of Action
AMBR	JACQUELIN WALKER	2047 PALM BEACH LAKES BLV	_ Add
		WEST PALM BCH, FL 33409	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			🗀 Add
			Remove
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			☐ Remove
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tive date, if other than the date of filing:	_ (optional)		
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 departments. If the date inserted in this block does not meet the applicable statutory filing requirements.			
ment's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. or	n the ear	lier
e 90th day after the record is filed.			
. 08/16/2017			
d 08/10/2017	2.5		
	'	7 A	
	:	Dill	
		· 1/2	
Signature of a member or authorized representative of a member) 1877	· —	
Signature of a member or authorized representative of a member	; no-	PH	Д С

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Filing Fee: \$25.00