

L/6000081127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

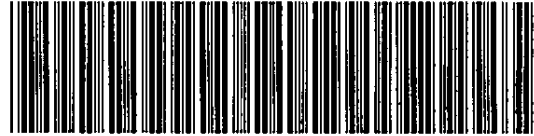
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

MAY - 9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spine & Joint Center of Florida, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Konstantinos Galouzi's
Name of Person

Spine & Joint Center of Florida, LLC
Firm/Company

5 West Orange Street
Address

Tarpon Springs, FL 34689
City/State and Zip Code

kgalouzi@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Konstantinos Galouzi's at (727) 934-7246
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Spine & Joint Center of Florida, LLC

SECOND: The Florida Document number of the limited liability company is: L16000081127

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Change address to 5 Vest Orange Street
Tarpon Springs, FL 34689

Add person authorized to manage: Theophilos Skandalari's title AMBA
935 Bayshore Dr.
Tarpon Springs, FL 34689

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

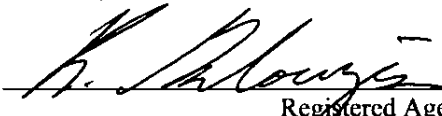
Signature of Authorized Representative

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

 5/2/16
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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2016 MAY -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA