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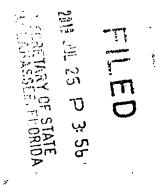
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Dr. Konstantinos Galouzis 5 West Orange Street Tarpon Springs, Florida 34689 727-934-7246

If you have any questions or concerns please feel free to contact me.

Thank you very much for your time and attention.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spine & Joint Center (Name of the Limited Liability Company a (A Florida Limited Liab	of Florida, LLC
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000081127</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability (Company "the decimation "LLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the words. Elimited Liability of	company, the designation LLC of the above various LLC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	107 63
	HAZ OF M
	Fred D
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	A
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) aut	thorized to manage, <u>e</u> r	nter the title, na	me, and address	of each person	being added
or removed from our records:					

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	·	9238 US-19 Port Richey, FL 34	668 Remove
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