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COVER LETTER

SUBJECT:	Dine & Joint Center of Florida, LLC Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
	Konstantinos Galouzi's Name of Person
	Spine & Joint Center of Florida, LLC Firm/Company
	5 West Orange St. Address
	Tarpon Springs FL 34689 City/State and Zip Code Kga louzi's Q yahoo, Com E-mail address: (type used for future annual report notification)
For further informa	tion concerning this matter, please call:
Spine & Joint Center of Florida, LAC Firm/Company 5 Nest Orange St, Address Tarpon Springs FL 34689 City/State and Zip Code Kgalouzi's Qyahoo, Com E-mail address (Topic used for future annual report notification) For further information concerning this matter, please call: Nonstantinos Colouzi's Name of Person at (727) 934-7246 Daytime Telephone Number Enclosed is a check for the following amount:	
Enclosed is a check	for the following amount:
S25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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 & Joint Center of (Name of the Limited Liability Compan) (A Florida Limited Liability Compan)	Florida LLC y as it now appears on our records.) ability Company)	<u></u>
The Articles of Organization for this Limited Liability Company v	1 1	and assigned
Florida document number <u> </u>	/ /	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	tbbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		17
		AUS
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		Streename of the new
egistered agent and/or the new registered office address here	·	COR.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Was Carlo
New Registered Agent's Signature, if changing Registered Agent:	Ciţ	z.ip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am vovided for in Chapter 605, F.S. Or	familiar with and , if this document 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>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Dr. Mayra I Altonso - Rivera	7075 Bayon WPL Pinellus Park, FL 33782	
	1	Pinellas Park FL 33782	Remove
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Dated July	31 K. Malo		2017	·					
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Filing Fee: \$25.00