

L16000139970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

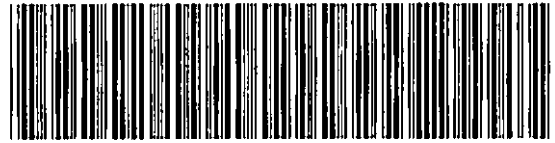
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 MAR 11 PM 12:28
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA ALTERNATIVE MEDICINE-NORTH
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Taylor
Name of Person

FLORIDA ALTERNATIVE MEDICINE-NORTH
Firm/Company

550 Hadley Dr
Address

Palm Harbor FL 34683
City/State and Zip Code

spint Kevin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N/A at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

ALREADY PAID

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SPINE ANCILLARIES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L 16000139970

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLORIDA ALTERNATIVE MEDICINE - NORTH

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

#1 N. Pinellas Av.
Terron Springs
FL 34689

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Kevin Taylor
550 Hedley Dr.
Palm Harbor, FL 34683

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kevin Taylor

New Registered Office Address:

550 Hedley Dr

Enter Florida street address

Palm Harbor, Florida 34683

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) 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>	<u>Type of Action</u>
MGR	Kevin Taylor	550 Hadley Dr	<input type="checkbox"/> Add
Pres		Palm Harbor, FL	<input type="checkbox"/> Remove
		34683	<input type="checkbox"/> Change
MGR	Sherri Taylor	550 Hadley Dr	<input type="checkbox"/> Add
		Palm Harbor, FL	<input checked="" type="checkbox"/> Remove
		34683	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FBI - NEW YORK
FBI - NEW YORK

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 05.20.2021 / /

Signature of a member or authorized representative of a member

Kevin S. Taylor
Typed or printed name of signer

Filing Fee: \$25.00