# 116000140328

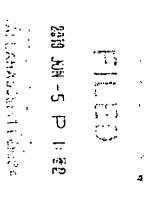
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tampa Back Institute, LLC 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:
Mark Nicholas Perenich Name of Person
Tanpa Back Inch Det e PLLC Firm/Company
7702 Still Park Circle
City/State and Zip Code  Tampas on C Difficulty (Company)  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (215) 49D-1952  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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**

Tampe Back Ins (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11000140328.	were filed on $\frac{7}{126}$ $\frac{259}{2011e}$ $\frac{104}{2011e}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16918 Gunn Hay Suite C Tampa, FL 331025
(Principal office address MUST BE A STREET ADDRESS)	Jampa, Fr. 33Ted S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7702 Still Park Circle Odessa, Fi 33551p
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	y Perenich
New Registered Office Address:	STIL Park CVCIC Enter Florida street address
Odess	City, Florida 33556
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>	Name	Address	Type of Action
ambe	Ashiry in Perench	18903 Charille Rd.	🗹 Add
		Lutz, Fr. 33558	Remove
			Change
			Add
			D Remove
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If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	may 9th, 2019.

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Filing Fee: \$25.00