L16000141788

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2018 OCT 15 P 12:08

2018 OCT 15 AM 10:19

Sheila Mohammed, MD, PhD
PainCare LLC
4507 Furling Lane, Suite 213, Destin, FL 32541

To: Florida Department of State,
Division of Corporations

Restatement of Articles of Organization

FILED
08 OCT 15 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Present name of company: PainCare LLC
2. Date of filing of articles of organization: July 28, 2016
3. Provisions of its articles of organization in effect, as restated: Please restate all of the articles of organization.
4. Delayed effective date: November 1, 2018

The name PainCare LLC, has been changed to Spine & Joint LLC. Everything else remains the same.

Respectfully,

Sheila Mohammed, MD, PhD 10/08/18

Sheila Mohammed, MD, PhD Date

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PAINCARE 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:

SHEILA MOHAMMED, MD, PhD
Name of Person

PAINCARE LLC
Firm/Company

4507 FURLING LANE, SUITE 213
Address

DESTIN, FL 32514
City/State and Zip Code

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

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For further information concerning this matter, please call:

SHEILA MOHAMMED, MD, PhD at (850) 281-8186
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee
☒ $30.00 Filing Fee & Certificate of Status
☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ $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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PAINCARE LLC

(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 JULY 28, 2016 and assigned Florida document number L16000141788.

This amendment is submitted to amend the following:

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

SPINE & JOINT LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2018 NOV 15 P 12:08

NOVEMBER 1, 2018

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 8 2018

Signature of a member or authorized representative of a member

SHEILA MOHAMMED, MD, PhD

Typed or printed name of signee

Filing Fee: $25.00