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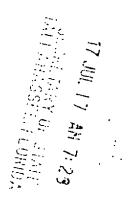
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COVER LETTER

	Registration Sec Division of Corp							
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SUBJEC	1:	Name of Limited Liability Company						
The encle	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.					
Please ret	urn all correspo	ndence concerning this matter	to the following:					
		Laurence Mair						
		MIAMI SPINE AND JOINT, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Laurence Mair Name of Person South Miami Spine and Joint, LLC Firm/Company 5927 SW 70 St #430754 Address Miami, FL 33243 City/State and Zip Code mairhealth@yahoo.com E-mail address: (to be used for future annual report notification) in concerning this matter, please call: at (
		South Miami Spine and Jo	int, LLC					
			Firm/Company	 -				
		5927 SW 70 St #430754						
	Address							
		Miami, FL 33243						
		City/State and Zip Code						
		- -		<u> </u>				
		E-mail address: (to be used for future annual report notifi	cation)				
For furthe	er information co	oncerning this matter, please co	all:					
Laurence	Mair		at ()					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed	is a check for th	e following amount:						
\$25.0	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

SOUTH MIAMI SPINE AND JOINT, 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 $\frac{04/13/2017}{1}$ and assigned Florida document number L17000083634 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 designation "LLC" or the abbreviation "L.L.C." 6301 SW 72nd St Enter new principal offices address, if applicable: South Miami, FL 33143 (Principal office address MUST BE A STREET ADDRESS) 5927 SW 70 St #430754 Enter new mailing address, if applicable: Miami, FL 33243 (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: Navija H. Valladares, M.D. Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

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				
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			□ Remove				
	 						
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Jul	v 1, 2017				
ective date, if other than the date of filing: i effective date is listed, the date must be specific and cannot		filing or more than 90	(optional) days after filing.)	Pursuant	to 605.02
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and beginning to the a					
record specifies a delayed effective date,	but not an ef	fective time, at	12:01 a.m. o	n the	earlier
he 90th day after the record is filed.					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00