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COVER LETTER

	rision of Cor			
SUBJECT:		NUMA NETWORK LLC		
JOBSECT.		Name of Lim	ated Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Matt Erickson		
			Name of Person	
			Firm/Company	
		649 Cleveland St.		
			Address	
		Clearwater, FL. 33755		
			City/State and Zip Code	
		drmatt@spinetraumanetwor		<u> </u>
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation e	oncerning this matter, please ca	all:	
Dr. Matt Eri			at () 282-8542 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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**

SPINE TRAUMA NETWORK 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 $\frac{6/27/17}{1}$ and assigned Florida document number _____17000138999 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 "LLC." 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

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>	Type of Action
AMBR	MATT ERICKSON	334 EAST LAKE RD. BOX 257	
		PALM HARBOR, FL 34685	Remove
			Change
AMBR	MATTHEW ERICKSON	334 EAST LAKE RD. BOX 257	⊒ Add
		PALM HARBOR, FL 34685	Remove
			Change
AMBR	AMBER AUGUSTINE	ADALIA AVE.	
		TAMPA, FL 33696	■ Remove
		·	Change
AMBR	LINDA AUGUSTINE	115 ADALIA AVE.	
		TAMPA, FL 33696	□ Remove
			☐ Change
			17 A46 1
			SSEE Change
			□ Chance

being adde	d. AMBR AMBER	AUSUSTINE	is being rem	oved as the fir	rst name was e	ntered in erro	r. The c	orrect
legal first	name is LINDA. As	such, LINDA	AUGUSTIN	E is being ad	ded as that is t	he correct leg	al name.	,
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ctive date.	if other than the d	ate of filing:				(optional))	
	if other than the d is listed, the date must b inserted in this bloc					days after filing	g.) Pursua	
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