

L17000138999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

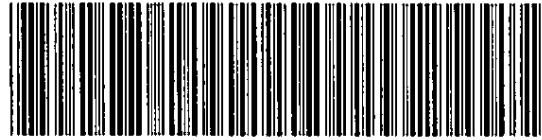
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800302495388

08/15/17--01013--006 **25.00

ELV
17 AUG 15 AM 11:49
CLERK OF COURT
JANESVILLE, FLORIDA

AUG 17 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPINE TRAUMA NETWORK 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:

Matt Erickson

Name of Person

Firm/Company

649 Cleveland St.

Address

Clearwater, FL 33755

City/State and Zip Code

drmatt@spinetraumanetwork.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Matt Erickson

727 282-8542

at (_____) _____

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

SPINE TRAUMA NETWORK LLC

Page 1 of 3

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>
AMBR	MATT ERICKSON	334 EAST LAKE RD. BOX 257	<input type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATTHEW ERICKSON	334 EAST LAKE RD. BOX 257	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMBER AUGUSTINE	ADALIA AVE.	<input type="checkbox"/> Add
		TAMPA, FL 33696	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LINDA AUGUSTINE	115 ADALIA AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33696	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 17 AUG 15 BY 11149

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

Above, AMBR MATT ERICKSON is being removed and the correct legal name MATTHEW ERICKSON is being added. AMBR AMBER AUSUSTINE is being removed as the first name was entered in error. The correct legal first name is LINDA. As such, LINDA AUGUSTINE is being added as that is the correct legal name.

17 AUG 15 AM 11:49
ALLAHABADEE, FLORIDA

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

August 11th 2017

Matthew Erickson

Signature of a member or authorized representative of a member

MATTHEW ERICKSON

Typed or printed name of signee