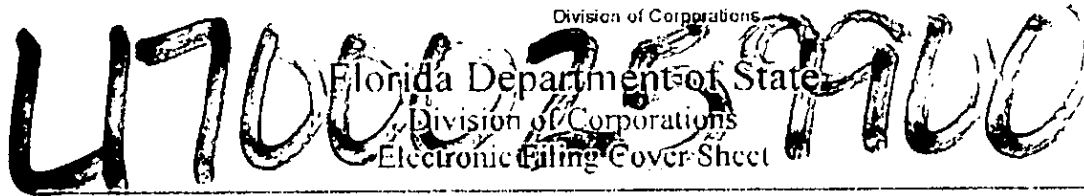


11/28/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000339024 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPINE CIN OF TAMPA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

NOV 29 2018

S. PRATHER

2018 NOV 28 PM 4:44

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2018 NOV 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spine CLN of Tampa, 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 12/21/2017

Florida document number L17000259900

This amendment is submitted to amend the following:

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

Select Health Network of Florida, 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

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2018 NOV 28 AM 10:10
TALLAHASSEE, FL
STATE

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

Date: November, 2018


Signature

Signature of a member or authorized representative of a member

Author Eddie

Hutton Eadie, Member

Typed or printed name of signee

Filing Fee: \$25.00

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2018 NOV 28 AM 10:10
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
TALLAHASSEE, FL