

L180000048932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

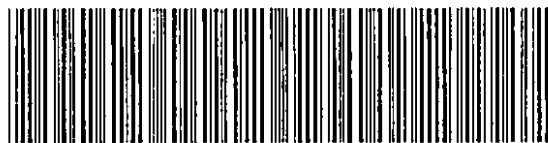
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/20 10:00:00 004 44.25.00

2020 MAY -8 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY -8 PM 3:37
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**CORPORATE
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WALK IN

PICK UP: 05/08/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** **AMENDMENT** _____

1. **BT MEDICAL, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BT Medical, 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 2/23/2018 and assigned
Florida document number L18000048932.

This amendment is submitted to amend the following:

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

Integrity Spine and Orthopedics/BT Medical, 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)

4235 Sunbeam Road

Suite 300

Jacksonville, Florida 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 550695

Jacksonville, Florida 32255

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:

Sidney S. Simmons, P.L.

New Registered Office Address:

562 Park Street, Suite 300

Enter Florida street address

Jacksonville

City

, Florida 32204

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.

Eleanor Simmons King, Vice President
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>	<u>Type of Action</u>
MGR	J. Gordon Terry	4235 Sunbeam Road	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Jacksonville, Florida 32257	<input type="checkbox"/> Change
MGR	Bradley R. Terry	8149 Bahia Blanca Street	<input type="checkbox"/> Add
		Jacksonville, Florida 32256	<input checked="" 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"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20 MAY 8 AM 9:00

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

[illegible]

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.

(b) The 90th day after the record is filed.

Dated May 8, 2020

Eleanor Simmons King

Signature of a member or authorized representative of a member

Eleanor Simmons King

Typed or printed name of signee

2020 MAY -8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA