# 118000235463

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasiness Linky Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



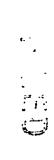


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R. WHITE JUL 15 2019





### COVER LETTER

TO:	Registration Se Division of Cor				
e1:15.11	ELITE OR	THOPEDIC AND SPINE CEN	TERS, L1 C		
SUBJI	.(.):	Name of Lim	ited Liability Company	<del></del>	
The en	closed Articles of	Amendment and feets) are sub	notted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		SANFORD R. TOPKIN			
		Name of Person TOPKIN & PARTLOW			
	Firm Company 1166 W NEWPORT CENTER DR., STE 309				
		Address DEERFIELD BEACH, FL 33442			
		STOPKIN@TOPKINLAW			
For fu	ther information c	E-mail address: to concerning this matter, please co	to be used for future annual report	(notification)	
	ORD TOPKIN		954 422-545	5	
	Name v	of Person	at () Area Code ——Di	rytime Telephone Number	
Enclos	ed is a check for t	he following amount:			
□ S2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

## TO ARTICLES OF ORGANIZATION

OF	
ELITE ORTHOPEDIC AND SPINE CENTERS LLC	2019 JUL - 1 AM 10: 11
( <u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	y Single Contract of the second secon
	10.64/2013

The Articles of Organization for this Limited Lia	ibility Company were filed on 10.04/2018	and assigne
Florida document number L18000235463		•
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Emuted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	9/15/1	
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records fice address <u>here</u> :	s, <u>enter the name of th</u>
Name of New Registered Agent:	- <del></del>	
New Registered Office Address:		
	Enter Florida street addres	١
	Fic	orida
	City	Zin 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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anc accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	JCVG MEDICAL LLC	14751 STÓNEHAVEN WAY	
<del></del>		WEST PALM BEACH, FL 33412	■ Add
			□ Remove
			Change
MGR	KONA CONSULTING LLC		
		1173 ELEUTHERA DR NE	
			<b>□</b> Remove
		PALM BAY, FL 32905	
			☐ Change
			□ Add
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		<del></del>	
(If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet the appl	icable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605,0207 ( ements, this date will not be listed as t
the record specifies a dela ) The 90th day after the		ot an effective time, a	at 12:01 a.m. on the earlier of:
Dated JUNE 26.	. 2019	<del></del>	
	Signature of a member or aut	thorized representative of a me	mber
	- 4	,	
	JONATHAN, GRAND		
<del></del>	Typed or pri	nted name of signee	

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

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Filing Fee: \$25.00