

L18000235463

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R. WHITE
JUL 15 2013

2019 JUL -1 AM 10:11
R. WHITE

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE ORTHOPEDIC AND SPINE CENTERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence 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

City/State and Zip Code

STOPKIN@TOPKINLAW.COM

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

For further information concerning this matter, please call:

SANFORD TOPKIN

954 422-5455

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
2601 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

ELITE ORTHOPEDIC AND SPINE CENTERS LLC

2019 JUL -1 AM 10:11

(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 10/04/2018 and assigned
Florida document number L18000235463.

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
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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	JCVG MEDICAL LLC	11751 STONEHAVEN WAY	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33412	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KONA CONSULTING LLC		<input type="checkbox"/> Add
		1173 ELEUTHERA DR NE	<input checked="" type="checkbox"/> Remove
		PALM BAY, FL 32905	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 (1)

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 JUNE 26, 2019

X 
Signature of a member or an

Signature of a member or authorized representative of a member

JONATHAN. GRAND

Typed or printed name of signee