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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I2008000067 Phone : (845)425-0077 Fax Number : (845)818-3588

\*\*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 NOVA ORTHO AND SPINE, PLLC

Certificate of Status	0
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Help

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nova Ortho and Spine, PLLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Enability Company)	<del></del>
The Articles of Organization for this Limited Liability C	Company were filed on December 3, 2018	and assigned
forida document number L18000277054	<del></del> ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
Nova Ortho and Spinc, LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
Maning data ess may be a rost of the boar		<del></del>
		<del></del>
3. If amending the registered agent and/or registere	ک رہے ہے ۔	
i. It amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, enter the na	ame of the new regist
gent and/or the new registered write address acre.		e e e e e e e e e e e e e e e e e e e
		3
Name of New Registered Agent:		1
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
		ြင္း ယ္က
	, Florida	· o
	Circ	Zio (*i)de

## 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 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>	Address	Type of Action
MGR	Alex Cunningham	3753 Howard Hughes Parkway, Suite 200	<b>≣</b> Add
		Las Vegas, NV 89169	□Remove
			©Change
MGR Daniel Thompson	Daniel Thompson	3753 Howard Hughes Parkway, Suite 200	<b>=</b> Add
	Las Vegas, NV 89169	□Remove	
			□ Change
		□Remove	
			□Change
			🖸 Add
		□Remove	
		□Add	
	<del></del>	□Remove	
		🗀 Add	
			□Remove
			Change

Article V (Distribution of Pro	ofits) is deleted in its entirety.
•	
Effective date, if other than the	date of filing: (optional)
f an effective date is listed, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the
November 6	
	$A \sim$
Clix H	Signature of a member or authorized representative of a member

Filing Fee: \$25.00