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Certified Copies	_ Certificates	of Status
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CORPORATE ACCESS, _____

When you need ACCESS to the world

• INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK U	JP: BROOK 7/24	
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XX	РНОТОСОРУ		
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XX	FILING	LLC AMEND	
	NTEGRITY SPINE ANI CORPORATE NAME AND DOCUM	O ORTHOPEDICS, LLC ENT #)	
(C	ORPORATE NAME AND DOCUMI	ENT #)	_
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CIAL TRUCT	TIONS:		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

INTEGRITY SPINE AND ORTHOPEDICS, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{017}{2}$	17/2019 and assigned
Florida document number L19000017585	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRESS)	
	-
Enter new mailing address, if applicable:	<u>ب</u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our register and/or the new registered office address here: Name of New Registered Agent:	cords, enter the name of the new regist
New Registered Office Address:	
	du 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

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	GRAHAM, D.O., J. MARK	14785 OLD ST. AUGUSTINE ROAD - STE. 100	≣ Add
		JACKSONVILLE, FL 32258	□Remove
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ffective date, if other than to an effective date is listed, the date re tote: If the date inserted in this ocument's effective date on the	must be specific and cannot block does not meet the	be prior to date of filing applicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant to s, this date will not be	605.020 listed a
		etive time at 12:01 s	a.m. on the earlier o	of: (b) The 90th day	after the
record specifies a delayed effect is filed.	tive date, but not an effe	etive inne, at 12.01			
is filed.					
record specifies a delayed effect is filed. ated Cleanor Six					

Filing Fee: \$25.00