

2/7/2020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
Feb 07, 2020 08:00 AM
Secretary of State

****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
SPINE CENTER OF FL, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

V. SULKER
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FEB 11 2020

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

Spine Center of FL, 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 July 23, 2019 and assigned
Florida document number L19000189166.

This amendment is submitted to amend the following:

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

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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)

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 new 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

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> |
|--------------|--------------------------------------|---------------------------------|--|
| AMBR | NSPC Spine Center Holdings, LLC | 11921 Rockville Pike, Suite 505 | <input type="checkbox"/> Add |
| | | Rockville, MD 20852 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Eugene D. Mahaney, Jr. | 7964 Summerlin Lakes Drive | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, FL 33907 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | National Spine and Pain Centers, LLC | 11921 Rockville Pike, Suite 505 | <input checked="" type="checkbox"/> Add |
| | | Rockville, MD 20852 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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