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## **COVER LETTER**

Registration Section Division of Corporations

TO:

Innovativ SUBJECT:	re Spinal Consultants		
30bjec1.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	John R. Robinson Jr.		
	<del></del>	Name of Person	
	Innovative Spinal Consult	ants	
		Firm/Company	<del></del>
	206 SE Via Sanremo		
		Address	
	Port St Lucie / FL/ 34984		
		City/State and Zip Code	
	jrfred@aol.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
John R. Robinson Jr.		772 708-1813	
Name	e of Person		ne 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 Adda Registration Division of P.O. Box 6: Tallahassee	Section Corporations 327	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innovative Spinal Consultants

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on a	our records.)	<b>25</b>
	10/23/20	<b>%</b> 010	Assistant T
The Articles of Organization for this Limited Liability Company	were filed on	<u>717</u>	and assigned
Florida document number L19000265917		ج خ ر	m _
This amendment is submitted to amend the following:		ţ	
If amending name, enter the new name of the limited liab	ility company here:		29
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	ds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet 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	John K.B. Afshar	123 Elena Court	
		Jupiter, FL 33478	≣Remove
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			Remove
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e: If the date inserted in this l	ust be specific and cannot be prior to	date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
cord specifies a delayed effect filed.	ive date, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day after th
ed_July 12	2020		$\sim$
			( )

Typed or printed name of signee

John R. robinson Jr.X