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(Requestor's Name)	_
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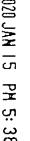


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TO:		istration Se sion of Cor			
SUBJE		SPINEPRO	NEUROPROTECTIVE SER	vices, l . Lc	
SUBJE	CI		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			David J. Davidson		
				Name of Person	
			The Florida Healthcare La	w Firm	
				Firm/Company	
			151 NW 1st Avenue		
				Address	
			Delray Beach, FL 33444		
				City/State and Zip Code	<u> </u>
			dave@floridahealthcarelaw		
				to be used for future annual report	notification)
For furth	ner in	formation co	oncerning this matter, please ca	all:	
David J.	Dav	idson		561 455-7700 at ())
		Name of	Person		time Telephone Number
Enclosed	l is a	check for th	e following amount:		
■ \$25.	.00 Fi	iling 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STINETRO NEUROPROTECTIVE SERVICES, LI		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L19000305539	ny were filed on December 16, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Florida NeuroSpine Services, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	·	
		. ~
)20 JAN
Enter new mailing address, if applicable:		&
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·-	P J'il
		نب بن
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the sew registe
Name of New Davidson I America		
Name of New Registered Agent:		
New Registered Office Address:	0 . 0 . 1	
	Enter Florida street address	
	, Florid	
	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 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
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
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an effective	date is listed, the da	te must be specific	and cannot be p	rior to date of fili	ng or more than 9	0 days after filing) Pursuant to 605.0)207
ocument's	date inserted in the effective date on the	his block does no the Department o	of meet the apport	plicable statutor rds	ry filing require	ments, this date	will not be listed	d as
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Typed or printed name of signee