

5/14/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

La 0000087026

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To:

Division of Corporations
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From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.
Account Number : 075350000514
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FLORIDA DIVISION OF CORPORATIONS
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL SPINE CARE, L.L.C.

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Electronic Filing Menu

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Help

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

Audit Fax# H21000194883 3

ALL SPINE CARE, L.L.C.

(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 03/23/2020 and assigned Florida document number I-20000087026

This amendment is submitted to amend the following:

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

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

2730 McMullen Blvd-Bld Rd
Suite #202 Pin 18
Clearwater, FL 33765
100 PM 11
100 PM 11
100 PM 11
100 PM 11

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALAN S. GASSMAN, ESQ.	1245 COURT STREET CLEARWATER, FL 33756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JENNIFER MOULTON	2730 McMULLEN BOOTH ROAD, SUITE 202 CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please let us know if you have any questions on the above.

2021 MAY 14 PM 4 48
SECURITY CLASS: STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and certain.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 14

2021

Signature of a member or authorized representative of a member

JENNIFER MOULTON, Member

Typed or printed name of student

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Filing Fee: \$25.00