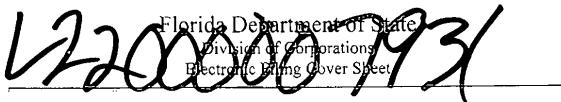
03/18/2022 2:10PM FAX 7274435829 3/18/22, 2:13 PM



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(((H22000102396 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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 INTERVENTIONAL SPINE AND PAIN INSTITUTE, L.L.C.

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ARTICLES OF AMENDMENT Audit Fax# H22000102396 3 TO ARTICLES OF ORGANIZATION **OF**

INTERVENTIONAL SPINE AND PAIN INSTITUT	ſĒ, L.L.C.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Companion document number L22000007931	y were filed on 12/29/2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lia	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	oility 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)	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new register
Name of New Registered Agent.	022 SL.
New Registered Office Address:	Enter Florida street address , Florida City Enter Florida street address ZSZ Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	
hereby accept the appointment as registered agent and agonovisions of all statutes relative to the proper and completed accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	s provided for in Chapter 605, P.S. Or, if this document is
	nanging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, cuter the title, name, and address of each person being added or removed from our records:

Audit Fax# H22000102396 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
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			(☐Remove
Audit Fax	; H22000102396 3		[] Change

_	The FEI/EIN Number of the LLC is: 87-4307659
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	(0-40-41)
If an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d 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
	March 18 2022
Dated	
	(Wed Same
	Signature of a member or authorized representative of a member