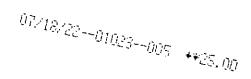
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Paul E. Risner, Esq.			
		Name of Person	<u> </u>	
	Paul E. Risner, P.A.			
		Firm/Company		1857 JUL 18 PH 1:5
	PO Box 600931			言
		Address		
		Vadices		
	Jacksonville, FL 32260		- 	~
	and an early boundaries Occurs	City/State and Zip Code		Ext. 2
	sabareesh.k.natarajan@gma E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c		,	
	oncerning this matter, prease e			
Paul E. Risner, Esq.		904 477-9000 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAIN, SPINE & VASCULAR ASSOCIATES OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/0}{1}$ Florida document number $\frac{L22000213472}{1}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>·e</u> :
BRAIN, SPINE & VASCULAR ASSOCIATES, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	
Enter new principal offices address, if applicable:	7.8. 23.22
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	PH D
Mailing address MAY BE A POST OFFICE BOX)	<u> 5</u> M =
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	cords, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florid	da street address
	Florids

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			□Remove
			□ Change
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an effective date	if other than the is listed, the date m	ust be specific and	cannot be prior t	o date of tiling or	more than 90 days	optional) after filing.)	Pursua	int to 60	5.0207
	e inserted in this letive date on the l			ble statutory fil:	ng requirement	s, this date	will no	it be lis	ted as
record specifie: Lis filed.	s a delayed effect	ive date, but not	an effective tir	ne, at 12:01 a.m	, on the earlier of	of: (b) The	: 90th	day aft	er the
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Typed or printed name of signee