

622000409424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

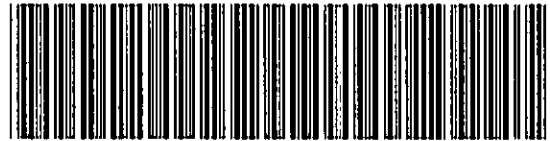
(Document Number)

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Office Use Only



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11/28/22--01030--013 **55.00

2023 MAR -7 AM 10:03

622000

REGISTER

MAR -7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spine Care Plus Medical, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam McLure

Name of Person

Firm/Company

714 E. 4th Street

Address

Panama City, FL 32401

City/State and Zip Code

pmclure@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam McLure

850

340-0990

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 MAR -7 AM 10:03

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following

Strength Medical Group, LLC

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City-

Zip Code

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

[illegible]

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

EIN 92-041-9144

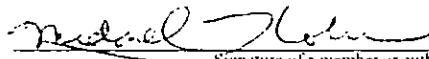
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

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 3-3-23



Signature of a member or authorized representative of a member

Michael L. Colvin

Typed or printed name of signer

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2023

PAM MCLURE
714 E. 4TH STREET
PANAMA CITY, FL 32401 US

SUBJECT: SPINE CARE PLUS MEDICAL, LLC
Ref. Number: L22000409424

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

PAGE 3 OF THE DOCUMENT WAS MISSING. PLEASE COMPLETE THE ATTACHED DOCUMENT AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 923A00003773

Shannon
Team Lead



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2023

PAM MCLURE
714 E. 4TH STREET
PANAMA CITY, FL 32401 US

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Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 923A00003773

RECEIVED
2023 MAR -7 AM 9:48
TALLAHASSEE, FLORIDA

State of Florida

Department of State


I certify from the records of this office that SPINE CARE PLUS MEDICAL, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 20, 2022.

The document number of this limited liability company is L22000409424.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on March 3, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of March, 2023*




Secretary of State

Tracking Number: 2658788872CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>