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(City/State/Zip/Phone #)

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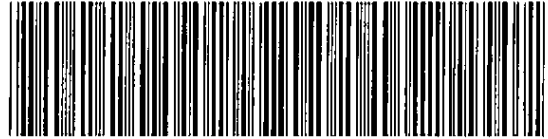
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**NICHOLSON & EASTIN, LLP**

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[www.NicholsonEastin.com](http://www.NicholsonEastin.com)

ERIN M. FERBER, ESQ., CPC-A  
EMAIL: [Erin@NicholsonEastin.com](mailto:Erin@NicholsonEastin.com)

January 19, 2024

**SENT VIA USPS PRIORITY MAIL**

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

RE: Spine and Ortho of MA, LLC/Spine and Orthopedic Specialists of  
Massachusetts, LLC  
Document No.: L23000280632

To Whom it May Concern:

Nicholson & Eastin, LLP, represents Spine and Orthopedic Specialists of Massachusetts, LLC, formerly known as Spine and Ortho of MA, LLC. Enclosed please find Articles of Amendment changing the name of the LLC with an effective date of January 19, 2024, the date the Articles of Amendment was executed.

Please contact undersigned counsel if you have any questions.

Sincerely,

Nicholson & Eastin, LLP

A handwritten signature in black ink that reads "Erin Ferber". The signature is written in a cursive, flowing style.

Erin M. Ferber, P.A.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spine and Ortho of MA, 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:

Erin Ferber, P.A.

Name of Person

Nicholson & Eastin, LLP

Firm/Company

1330 SE 4th Ave., Ste J

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

jwalker@orthospineusa.com

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

For further information concerning this matter, please call:

Erin Ferber

at ( 954 )  
Area Code

634-4400

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

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

Spine and Ortho of MA, LLC

(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 06/09/2023 and assigned  
Florida document number L23000280632.

This amendment is submitted to amend the following:

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

Spine and Orthopedic Specialists of Massachusetts, LLC

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)

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*

*City*

*Florida*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**

1/19/ . 2024

Jaqueline Walker  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jacqueline Walker

Typed or printed name of signee

2024 JUN 23 11:13  
FL STATE  
Pursuant to 605.0207 (3)(b)  
will not be listed as the