

(Red	questor's Name)	
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DA)	dress)	
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(City	y/State/Zip/Phone #)	
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(Bu	siness Entity Name)	· <u></u>
(Do	cument Number)	
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R. WHITE AUG 22 2019 FILED

2018 AUG 20 PM 1:3

SECRETARY OF STATE
TALLAHASSEE STATE

COVER LETTER

TO-Amendment Section
Division of Corporations

NAME OF CORPORATION	The Spine Research	h Fpoundation		••••	
	N15000009684				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matter	r to the following:			
Phillip J. Garcia					
		(Name of Contact Per	rson)		
The Spine Research Four	ndation				
M-200		(Firm/ Company)		
16529 Ivy Lake Dr.					
		(Address)			
Odessa, FL. 33556					
		(City/ State and Zip C	Code)		
pgme1117@aol.com					
E	-mail address: (to be used	for future annual rep-	ort notification)	
For further information conc	erning this matter, please o	call:			
Phillip J. Garcia		at	813	679-5990	
	(Name of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida D	Department of S	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		Str	eet Address		

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporation	FILED
The Soine Has	of	2010 840000 000
(Name of Cornoration as	currently filed with the Florid	da Dent. of State)
(Name of Corporation as	Currently med with the river	da Dept. of State) SECRETARY OF STATI TALLAHASSEE, FL
(Documen	t Number of Corporation (if kno	MALANASSEE.FL
·	•	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	i Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	erporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
Trincipal office duaress income incom		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	
(),	<u> </u>	
		
D. If amending the registered agent and/or register	red office address in Florida.	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
	(Flo	rida street address)
New Registered Office Address:		
_		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
l hereby accept the appointment as registered agent.	I am familiar with and accept t	he obligations of the position.
	Signature of New Registe	ered Agent, if changing
	ingrame by their negligible	and the control of th

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	Raymond Monteleone	16529 Ivy lake Dr.
Add				Odessa, FL.
X Remove				33556
2) Change				
Add Remove				
3) Change		_		
Add				
4) Change		_		
Add Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	8/6,2018	
The date of each amo	endment(s) adoption:	_, if other than the
date this document wa	s signed.	
Effective date if appl	icable: (no more than 90 days after amendment file date)	_
	(no more than 90 days after amenament file date)	
	rted in this block does not meet the applicable statutory filing requirements, this date will not late on the Department of State's records.	be listed as the
Adoption of Amenda	nent(s) (<u>CHECK ONE</u>)	
The amendment(was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s) ent for approval.	
	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.	
Dated	8/6/2018	
Signatu	on fele	_
	(By the chairman or vice chairman of the open president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Reginald Davis	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	