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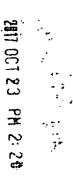
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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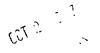
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Atlas Spine, Inc						
DOCUMENT NUMB							
	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	Suzanne DeFalco						
-	Name of Contact Person						
	Atlas SPine, Inc						
•	· · ··	Firm/ Company					
	1555 Jupiter Park Dr. Suite 1						
-		Address					
	Jupiter, FL 33458						
-		City/ State and Zip Code	e				
SDeFa	alco@AtlasSpine.com						
		sed for future annual report	notification)				
		·					
For further information	concerning this matter, pleas	se call:					
Suzanne DeFalco		561	de & Daytime Telephone Number				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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: XChange	<u>PT</u>	John De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	D	<u> </u>	Numas, Julius	2090 Palm Beach Lakes Blvd		
Add				Suite 701		
X Remove				West Palm Beach, FL 33409		
2) (1)						
2) Change						
Add						
Remove						
3) Change	-	_				
Add						
Remove						
4) Change						
Add		_				
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Pamova						

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
-	
- - .	
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were accaction was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	Durl CZ of	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Douglass Watson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	