P14000053705

| (Requestor's Name) | | | | |
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| (Áddress) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

Division of Corporations DOCUMENT NUMBER: 140000537 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code robco sicoa.com For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **2**\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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

SECRE VIEW OF STATE

Articles of Amendment

to Articles of Incorporation

| SPINE CENTERS OF | 1 AMERICA |
|---|--|
| (Name of Corporation as current | tly filed with the Florida Dept. of State) |
| P1400005370S | |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) | / <u>/</u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address | |
| Name of New Registered Agent | <u>/A</u> |
| | |
| (Florida si | treet address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | nt: with and accept the obligations of the position. |
| Signature of New I | Registered Agent, if changing |
| ~ | |

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

| X Change | <u>PT</u> <u>John</u> | n Doe | |
|-------------------------------|-----------------------|----------------|---------------------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | SV Sall | y <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | PCEO | LESTER MORNES | 7212 US 19 STES |
| Add Remove | | | NEW PORT RICHET, FL 34652 US |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove 4) Change | | | SECON LONG |
| Add | | | |
| Remove | | | 126 |
| 5) Change | | | |
| Add | | | AM 8: 44 FE.FL |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Art (Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) | | |
|--|--|---------------------------------------|------------|
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| If an amendment provides for an exci | hange, reclassification, or cancellation of issued shares, | | |
| (if not applicable, indicate N/A) | endment if not contained in the amendment itself; | () en | 36 |
| NIA | | 됐으면 ' | 7073 LIVIN |
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| The date of each amendment(s) adoption: date this document was signed. | DATE | STUNED | | , if other than the |
|--|--|---|------------------------------|--|
| Effective date if applicable: | | | | |
| micetive date il applicable. | (no more tha | an 90 days after ame | ndment file date) | |
| Note: If the date inserted in this block does not document's effective date on the Department of | | | ling requirements, this date | will not be listed as the |
| Adoption of Amendment(s) (CH | ECK ONE) | | | |
| The amendment(s) was/were adopted by the action was not required. | incorporators, | , or board of director | s without shareholder action | and shareholder |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | | The number of vote | es cast for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | | | t |
| "The number of votes cast for the amer | ndment(s) was | were sufficient for | approval | |
| by | ing group) | | ., | |
| selected, by an inco appointed fiduciary | orporator – if in by that fiducing the state of the state | in the hands of a receivary) AGNO ated name of person services. | - - | 2023 JUN 26 AH 8: 44 SECRETARY OF STATE TALL OF THE FL |

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