P16000003848

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Division of Corporations Page 1 of 1

Florida Department of State
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AUG 25 2016

August 24, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAN S. COHEN, P.A.
5959 COLLINS AVE UNIT 707
MIAMI BEACH, FL 33140

SUBJECT: DAN S. COHEN, P.A.
REF: P16000003848

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Shelia H Young
Regulatory Specialist II

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P.O BOX 6327 – Tallahassee, Florida 32314

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2016 AUG 24 P 1:30

Articles of Amendment
to
Articles of Incorporation
of

DAN S. COHEN, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000003848

(Document Number of Corporation (if known))

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:

SPINE CARE INSTITUTE OF MIAMI BEACH, P.A.

*The new 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)*

4308 Alton Road
Suite 610
Miami Beach, Florida 33140

C. Enter new mailing address, if applicable:
*(Mailing address MAY BE A POST OFFICE BOX)*

4308 Alton Road
Suite 610
Miami Beach, Florida 33140

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:* Dan S.Cohen

4308 Alton Road, Suite 610
*(Florida street address)*

*New Registered Office Address:* Miami Beach, Florida 33140
*(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.*

Dan S Cohen

*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:

| | | |
|---|---|---|
| X Change | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change | ___ | ___ | ___ |
| ___ Add | | | ___ |
| ___ Remove | | | ___ |
| 2) ___ Change | ___ | ___ | ___ |
| ___ Add | | | ___ |
| ___ Remove | | | ___ |
| 3) ___ Change | ___ | ___ | ___ |
| ___ Add | | | ___ |
| ___ Remove | | | ___ |
| 4) ___ Change | ___ | ___ | ___ |
| ___ Add | | | ___ |
| ___ Remove | | | ___ |
| 5) ___ Change | ___ | ___ | ___ |
| ___ Add | | | ___ |
| ___ Remove | | | ___ |
| 6) ___ Change | ___ | ___ | ___ |
| ___ Add | | | ___ |
| ___ Remove | | | ___ |

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*). *(Be specific)*

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
*(no more than 90 days after amendment file date)*

**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.

**Adoption of Amendment(s)** (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
*(voting group)*

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated August 22, 2016

Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dan S. Cohen
(Typed or printed name of person signing)

Director
(Title of person signing)

**SPINE CARE INSTITUTE OF MIAMI BEACH, P.A.**
**4308 Alton Road**
**Suite 610**
**Miami Beach, Florida 33140**

**WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME**

**SPINE CARE INSTITUTE OF MIAMI BEACH, P.A.**, a dissolved Florida corporation (the "**Corporation**"), organized on August __, 2016 does hereby grant permission and approves the filing of the Articles of Amendment to the Articles of Incorporation of **DAN S. COHEN, P.A.** changing its name to **SPINE CARE INSTITUTE OF MIAMI BEACH, P.A.**

**DAN S. COHEN, P.A.** is an affiliate of the Corporation. The Corporation has no intentions of cancelling or removing the Articles of Dissolution of the Corporation.

The undersigned, being a Director of the Corporation has executed this Written Consent Granting Approval for Use of Name on behalf of the Corporation this 22nd day of August, 2016.

SPINE CARE INSTITUTE OF MIAMI BEACH, P.A., a dissolved Florida corporation

By: Dan S Cohen
Dan S. Cohen, Director