## P19000017707

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:1

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Spine	Health a	INTER FAL
DOCUMENT NUMBE	к: <del>\</del> \	900001770	7
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_	Daya	Name of Contact Person	
_	Spine +	Name of Contact Person	ter Inc
_	3600 FO	Firm/Company  105T HIII B	h, PL 33406
_	West	Palm Blac	h, PL 3340L
		U A	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
Dayan	Silva	541	, 660 7588
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for it	he following amount made	payable to the Florida Depa	artment of State;
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailir</u>	ig Address	Street	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**

to
Articles of Incorporation

of	•
Some Health (	enter Inc
(Name of Corporation as currently	(filed with the Florida Dept. of State)
719000	17707
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	100
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(10-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	37
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	1.10
Name of New Registered Agent - 10401 3	31104
	ST HILL Blud Suite 1A
(Florida sire	d Racifo 2 211n10
New Registered Office Address: WXXX FULL	1
	(Cap Cate)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered 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:

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

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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove Example:	z, and Sai	lly Smith, SV as an Add.	, ,
X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Silvo, Rolando	3600 FORESTHILL BINCH
Add Remove			3600 FORESTHILL BINCL F 1 A WIST POIN BLOCK, PL 33400 UN
2)Change	Ρ	Silva, Dayan	3600 Forest HILL BIND ± 1A
Remove  3 ) Change	<u>υ</u> ρ	Silva, Rolando	WEST Palm Beach, PL 3340W 3600 PORPST HILL BIND
Remove			West Palm Beach, R. 3340
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
		<u>-</u>
		•
<del></del>		
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares.  icadment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	RIGHT I HO COMMING IN THE DISCHARACTE TO SEE	

•

The date of each amendment(s) adoption:
Effective date if applicable: 07 09 2019 (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 east 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 east for the amendment(s) was/were sufficient for approval
by"  (voting group)
(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
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)
(Typed or printed name of person signing)
Title of person signing)
(Title of person signing)