

L16000 118 109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

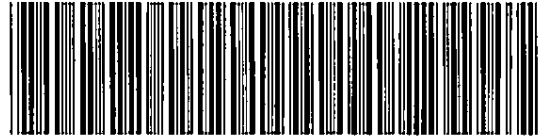
(Business Entity Name)

(Document Number)

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MAY 18 2020

S TALLENT

JUN 10 2020

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MLC

2020 MAY 18 AM 8:23

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1-900-NEW-PAIN LLC
THE PERSONAL INJURY HOTLINE LLC
(Name of the Limited Liability Company as it now appears on our records.)
(Name of Limited Liability Company)

The Articles of Organization of this Limited Liability Company were filed on 5-11-20 ^{6/20/2016} and assigned Florida document number L1600011810A.

This amendment is submitted to you for the following:

A. If amending name, enter the new name of the limited liability company here:

THE PERSONAL INJURY HOTLINE LLC
The new name must contain the name and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 40 SW 13th Street Suite 301
Miami, FL 33130
(Principal offices address - PLEASE PRINT ADDRESS)

Enter new mailing address, if applicable:
MAYBE POST OFFICE BOX
(Mailing address MAY BE POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept my appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending, or adding persons authorized to manage, enter the title, name, and address of each person being added or removed:

MGR =

AMBR =

<u>Title</u>	<u>Name</u>	<u>Type of Action</u>
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
_____	_____	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
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_____	_____	<input type="checkbox"/> Change

D. If amending (by deletion or addition, later changes) here: (attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5-14-20 _____.

Brian Taylor
Signature of a member or authorized representative of a member

Brian Taylor
Typed or printed name of signee