

L22000250679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

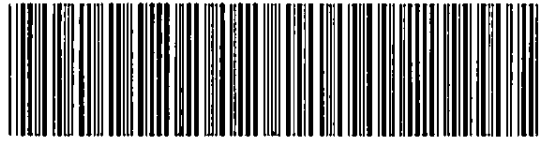
(Business Entity Name)

(Document Number)

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2024 JUL 22 PM 12:45
TOLSON
DEPARTMENT OF JUSTICE

A. PARISHANI
JUL 27 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transitional Pain & Specialty Group, LLC
Name of Limited Liability Company

2024 JUL 22 PM 12:45

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richa Sutaria
Name of Person

Transitional Pain and Specialty Group, LLC
Firm/Company

23110 State Road 54 Suite #446
Address

Lutz, FL 33549
City/State and Zip Code

rsutaria@tpsgmedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richa Sutaria at (573) 587-6827
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Transitional Pain & Specialty Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/01/2022 and assigned
Florida document number 1.22000250679

JUN 22 PM 12:11

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

23110 State Road 54

Suite #446

Lutz, FL 33549

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23110 State Road 54

Suite #446

Lutz, FL 33549

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:

Richa Sutaria

New Registered Office Address:

23110 State Road 54

Enter Florida street address

Lutz

Florida 33549

City

Zip Code

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

I hereby accept the 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HASEEB HASHMI	10103 GARDEN RETREAT COURT	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAULIK BHALANI	1911 HAVEN BEND	<input type="checkbox"/> Add
		TAMPA, FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN GUDE	4437 TOUR TRCE	<input type="checkbox"/> Add
		LAND O' LAKES, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHA SUTARIA	2518 CORDOBA RANCH BLVD	<input type="checkbox"/> Add
		LUTZ, FL 33559	<input type="checkbox"/> Remove
		(new address)	<input checked="" type="checkbox"/> Change
MGR	RUSSELL DEUTSCHER	11611 Highbury Way	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
		(new address)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information. A vertical stamp on the right side reads: 2024 JUN 12 2:45 PM.

E. Effective date, if other than the date of filing: JUNE 1, 2024 (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 JULY 8 2024

Signature of a member or authorized representative of a member

RICHA SUTARIA

Typed or printed name of signee