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Florida Department of State
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02 JAN 16

FILED
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TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

AL

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 17 AM 7:36

LIMITED LIABILITY AMENDMENT**SOUTH FLORIDA MEDICAL PAIN RELIEF & DETOX CENTER, LL**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SOUTH FLORIDA MEDICAL PAIN RELIEF & DETOX CENTER, LLC

(Present Name)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 16

FIRST: The date of filing of the articles of organization was 8/20/01

SECOND: The following amendment(s) to the articles of organization was/were adopted by the Limited Liability company:

AMEND ARTICLE I

NAME

DELETE:

SOUTH FLORIDA MEDICAL PAIN RELIEF & DETOX CENTER, LLC

CHANGE TO:

SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

AMEND ARTICLE III

MANAGERS

DELETE:

CHARLA SANTAMARIA

1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

75.5%

ANDRES OLEA

1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

24.5%

CHANGE TO:

JERRY DUBRAVETZ

1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

60%

CHARLA SANTAMARIA

1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

20%

ANDRES OLEA

1441 CAPRI LANE, UNIT 5805
WESTON, FLORIDA 33326

20%

Dated

1/16

02

Signature of a member or authorized representative of a member

JERRY DUBRAVETZ

Typed or printed name of signer