

LO1000014014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

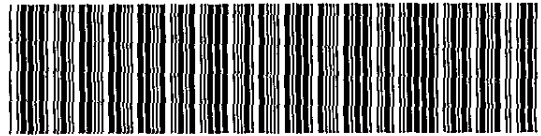
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Seal of the State of Florida
TALLAHASSEE, FLORIDA

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8/25/03
JMS

SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC
4473 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319
OFFICE (954) 714-8848 FAX (954) 966-3352

August 20, 2003

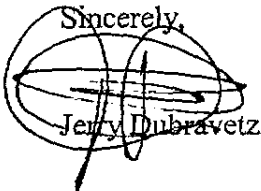
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

RE: SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

To Whom It May Concern:

I would like to request an amendment to the Articles of Incorporation, Document Number L01000014014, FEI Number 65-1132665. I am attaching "Articles of Amendment to Articles of Organization and enclosing a check in the amount of \$25.00 for the filing fee.

Sincerely,

Jerry Dubravetz

Check enclosed

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

SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was AUGUST 21, 2001

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

AMEND ARTICLE III:

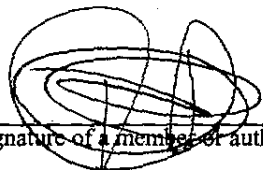
DELETE:

ANDRES OLEA
4473 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319

CHANGE:

JERRY DUBRAVETZ 95%
4473 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319

Dated _____,



Signature of a member or authorized representative of a member

JERRY DUBRAVETZ

Typed or printed name of signee

Filing Fee: \$25.00

FILED
03 AUG 25 AM 9:57
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA