**2** 002/004

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## Florida Department of State

Division of Corporations Public Access System

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Account Number : I20000000231 Phone : (305)261-4000 Fax Number : (305)668-3545 NAMES OF STATION OF ST

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SOUTH FLORIDA INSTITUTE OF PAIN MANAGEMENT, L.L.C.

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EXAMINER

(((H08000255607 3)))

#### ARTICLES OF AMENDMENT

TO

#### ARTICLES OF ORGANIZATION

OF

### SOUTH FLORIDA INSTITUTE OF PAIN MANAGEMENT, L. L. C.

Pursuant to the provisions of Section 608, Florida Statutes, the undersigned limited liability company adopts the following articles of amendment to its articles of organization:

The Articles of Organization for this Limited Liability Company were filed on June 13,

2005 and assigned Florida document number L05000058601.

This amendment is submitted to amend the following:

Name of New Registered Agent: Cristina Quintero

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 608, 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.

Signature of Registered Agent

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### (((H08000255607 3)))

<u>Title</u>

<u>Name</u>

Address

Type of Action

Manager

Jason T. Marucci

9370 SW 72<sup>nd</sup> St, A150 Miami, Florida 33173

Remove

Manager

Cristina Quintero

9370 SW 72<sup>nd</sup> St, A150 Miami, Florida 33173

Add

Dated: ///2 /2008

Signature of a member or authorized representative of a member

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