L06000011370

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OCT 3 0 2009

EXAMINER

THE LAW OFFICES OF NEAL B. LECHTNER, P.A.

1985 South Ocean Drive, Bay South Building, Hallandale, Florida 33009 TELEPHONE (954) 457-4357 FAX (954) 457-4348 Email: nble@aol.com

October 20, 2009

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

RE: A. Articles of Amendment for:

- 1. Katzman Arms, Antiques & Furnishings LLC
- 2. / LHTPB LLC
- 3. Pain Management and Interventional Nerve Block
 Specialists LLC
- B. Registered Agent Change for: KE Real Estate Holdings LLC

Dear Sir or Madam:

With regard to the four (4) above-referenced entities, enclosed herein please find my check in the amount of \$100.00 along with the appropriate forms.

Please call with any questions.

Very truly yours,

Neal B. Lechtner, Esq.

Encl

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KATZMAN"S ARMS, ANTIQUES & FURNISHINGS LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Neal B. Lechtner, Esq. Name of Person
Law Offices of Neal B. Lechtner Firm/Company
·
1985 S. Ocean Drive Address
Address
Hallandale, FL 33009 City/State and Zip Code
nble@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Neal B. Lechtner at (954) 457-4357
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATZMAN"S ARMS, ANTIQU (Name of the Limited Liability Co	mpany as it now appears on our records.)			
(A Florida Limit	ted Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/30/2006 and assigned			
Florida document number <u>L06000011370</u> .	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	llability company here:			
. •	4 5 . 3			
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Company," the designation "LLC" of the abbrariation			
Enter new principal offices address, if applicable:	1 2			
(Principal office address MUST BE A STREET ADDRESS	55 23 F			
	FS C			
	REE			
Enter new mailing address, if applicable:	2401 Frist Boulevard Suite 7			
(Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 34950			
,				
B. If amending the registered agent and/or registered	f office address on our records, enter the name of the new			
registered agent and/or the new registered office address				
N 92 2 1				
Name of New Registered Agent:	Neal B. Lechtner, Esq.			
New Registered Office Address:	1985 S. Ocean Drive			
	' Enter Florida street address			
Ha]	Llandale , Florida 33009 City Zip Code			
New Designation & Associate Of the Associate Designation	Eny 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member		
<u> Fitle</u>	Name	Address	Type of Action
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			Remove
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			Remove
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ated	October 20 , 200	<u>09</u> .	
	Signature of a membe	er or authorized representative of a member	
	Typed	htner, Esq. I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00