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(Ad	ldress)	·
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(Cit	ty/State/Zip/Phone	e #)
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d. DRYME: MAR 2 3 2007

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NATIONAL RECOVERY INSTITUTE, 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:		
JENNIFER D. LIEBERMAN, ESQ. (Name of Person)		
NATIONAL PAIN INSTITUTE (Firm/Company)		:2
941 BROKEN SOUND PARKWAY, NW	07 MAR 22 PM 12:	SECRETO INISION O
BOCA RATON, FL. 33487 (City/State and Zip Code)	22 PM1	RY OF S
For further information concerning this matter, please call:	2: 11	TATE
Jennifer D. Lieberman, Esq. at (561) 241-9300 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (a	s &	

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

NATIONAL RECOVERY INSTITUTE, LLC. (Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on December 13, 2006 and assigned document number L06000119392		
SECOND:	This amendment is submitted to amend the following:		
	Change the name of National Recovery Institute, LLC to		
	NATIONAL PAIN RESEARCH INSTITUTE, LLC.	<u></u>	
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Dated Ma	arch 12,		
	muny fruity-		
,	JEFFREY A. ZIPPER, M.D. Typed or printed name of signee		

Filing Fee: \$25.00