

107 0000 63093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

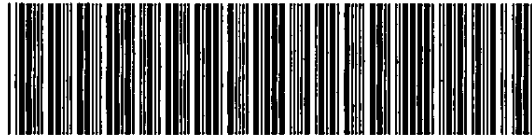
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000104543950

06/26/07--01032--007 **100.00

FILED

07 JUN 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRATED PAIN SOLUTIONS OF THE SOUTHEAST, 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:

CHERYL ALEXIS

(Name of Person)

INTEGRATED PAIN SOLUTIONS, LLC

(Firm/Company)

1030 N. DRANGE AVE. SUITE 105

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

CHERYL ALEXIS

(Name of Person)

at (407) 367-0944

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
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

FILED
07 JUN 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INTEGRATED PAIN SOLUTIONS OF THE SOUTHEAST, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JUNE 14, 2007 and assigned document number L07000063093.

SECOND: This amendment is submitted to amend the following:

THE NAME OF THE MANAGING MEMBER NEEDS
TO BE CHANGED FROM PAINCARE, INC. TO:
INTEGRATED PAIN SOLUTIONS, LLC

FILED
07 JUN 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JUNE 25, 2007.



Signature of a member or authorized representative of a member

ALBERT R MEYER, ASST. SEC. PAINCARE, INC. MGR FOR INTEGRATED
Typed or printed name of signee PAIN SOLUTIONS, LLC

Filing Fee: \$25.00