

W07000104369

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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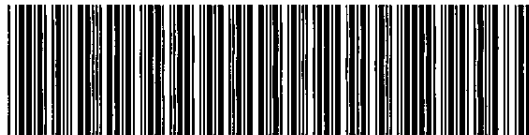
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TO: Registration Section
Division of Corporations**

SUBJECT: BALEN PAIN MANAGEMENT CLINIC, LLC,
(Name of Limited Liability Company) A FLORIDA Limited Liab. Co.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen D. Hayman, Esq.
(Name of Person)

Stephen D. Hayman, Esq., P.A.
(Firm/Company)

6605 Gunn Hwy.
(Address)

Tampa, FL 33625
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen D. Hayman at 813 968-9846
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$50.00 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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BALEN PAIN MANAGEMENT Clinic, LLC, A FIA. Lim. Liab.
(Present Name)
(A Florida Limited Liability Company) Co.

FIRST: The Articles of Organization were filed on OCT. 15, 2007 and assigned
document number L07000104369,

SECOND: This amendment is submitted to amend the following:

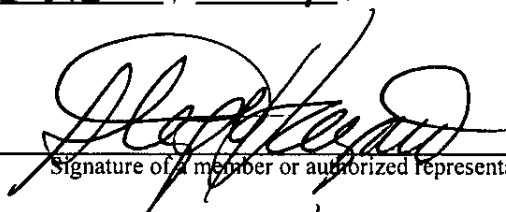
The EFFECTIVE DATE of the following
AMENDMENT SHALL BE OCTOBER 24, 2007.

The NAME OF This Limited Liability
Company shall be hereby changed to:
BALEN MEDICAL CENTER, LLC.

Dated OCTOBER 23, 2007.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature of a member or authorized representative of a member

Stephen Hayman, ESQ.
Typed or printed name of signee