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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interventional Pain Physicians, 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:

Hui Zhu
(Name of Person)

Interventional Pain Physicians, LLC
(Firm/Company)

P. O. Box 158
(Address)

Lutz, FL 33548-0158
(City/State and Zip Code)

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For further information concerning this matter, please call:

Hui Zhu at (352) 212-5547
(Name of Person) (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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Interventional Pain Physicians, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2007 and assigned Florida document number L07000123048.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Hui Zhu, MD

New Registered Office Address:

5622 Marine Parkway, Suite 18

(Enter Florida street address)

New Port Richey

(City)

Florida 34652

(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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Hui Zhu	P. O. Box 158 Lutz, FL 33548-0158	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Li Ma	P. O. Box 158 Lutz, FL 33548-0158 MGR	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	YEN, EATON	P O BOX 340287 TAMPA FL 33694	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SPORTS & INTERVENTIONAL PAIN MEDICINE, PA	PO BOX 340287 TAMPA FL 33694	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article II: the mailing address of the Limited Liability Company is to be amended

as: P. O. Box 158, Lutz, FL 33548-0158

Article III: the purpose for which this LLC is organized is to be amended as:

to provide all necessary medical and/or surgical care to patients who are in

need of treatment for their pain and any other related diseases/conditions.

Dated 03-04-2008



Signature of a member or authorized representative of a member

Typed or printed name of signee