

L08000022754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

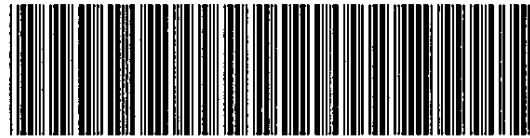
(Business Entity Name)

(Document Number)

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2012 AUG 27 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 29 2012

GARY BROOKMYER  
ELLIOT F. HOCHMAN  
DANIEL J. PROBST  
Board Certified  
Wills, Trusts, and Estates  
Master of Laws in Taxation

LAW OFFICES  
**BROOKMYER, HOCHMAN & PROBST, P.A.**  
GARDENS PLAZA  
3300 PGA BOULEVARD, SUITE 500  
PALM BEACH GARDENS, FLORIDA 33410  
TELEPHONE (561) 624-2110  
FACSIMILE (561) 624-2425  
EMAIL dan@probstlaw.com

STUART  
BY APPOINTMENT ONLY  
TELEPHONE (772) 223-4030

August 22, 2012

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

Re: Interventional Pain Medicine of Palm Beach, LLC

Dear Sir/Madam:

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

Please return all correspondence concerning this matter to the following:

Daniel J. Probst, Esq.  
Brookmyer, Hochman & Probst, P.A.  
3300 PGA Blvd., Suite 500  
Palm Beach Gardens, FL 33410  
Email Address: dan@probstlaw.com

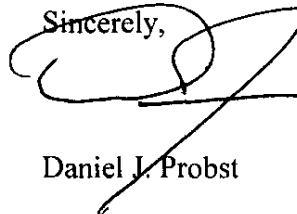
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For further information concerning this matter, please call Daniel J. Probst at (561) 624-2110.

Enclosed is a check in the amount of \$25.00 payable to the Florida Department of State for the total amount of the filing fee.

Thank you for your cooperation in this regard.

Sincerely,



Daniel J. Probst

DJP/rn  
Enclosures

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

Interventional Pain Medicine of Palm Beach, 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 03/03/2008 and assigned  
Florida document number L08000022754.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: Daniel J. Probst

New Registered Office Address: 3300 PGA Boulevard, Suite 500  
*Enter Florida street address*

Palm Beach Gardens, Florida 33410  
*City 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	Richard J. Stropp	760 N US Highway One, Suite 203 North Palm Beach, FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ellen Stropp, Personal Rep	2043 Ascott Road North Palm Bch, FL 33408	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated August 20, 2012

Signature of a member or authorized representative of a member

Ellen Stropp, Personal Representative

Typed or printed name of signer