

208000063889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

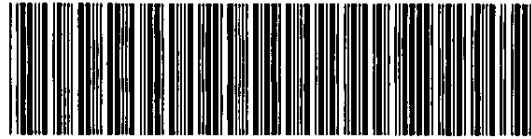
(Document Number)

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Amend

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13 OCT 15 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Pain Medicine Research, 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:

Patricia Dyches

Name of Person

Sarasota Pain Medicine Research

Firm/Company

5880 Rand Boulevard, Suite 206

Address

Sarasota, FL 34238

City/State and Zip Code

dychesp@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Dyches, RN

Name of Person

at (813) 309-0624

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**

Sarasota Pain Medicine Research, 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 June 30th 2008 and assigned
Florida document number L08000063889.

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)

Sarasota Pain Medicine Research, LLC

5880 Rand Boulevard, Suite 206

Sarasota, FL 34238

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

as above

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: Patricia Dyches

New Registered Office Address: 5880 Rand Boulevard, Suite 206

Enter Florida street address

Sarasota, Florida 34238

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.

Patricia Dyches

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

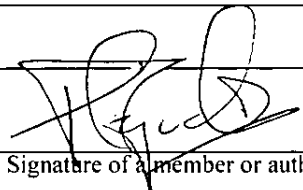
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Donald Erb	5880 Rand Boulevard	<input type="checkbox"/> Add
		Suite 215,	<input checked="" type="checkbox"/> Remove
		Sarasota, Fl 34238	
MGR	Patricia Dyches	5880 Rand Boulevard	<input checked="" type="checkbox"/> Add
		Suite 206	<input type="checkbox"/> Remove
		Sarasota, Fl 34238	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/30/13



Signature of a member or authorized representative of a member

Rafael Miguel, MD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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