(Requestor's Name) (Address) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certified Copies Certified Copies Certified Copies Certified Copies Special Instructions to Filing Officer:	L080000	80672
PICK-UP WAIT MAIL 03/16/1801021007 **25.00 (Business Entity Name) (Business Entity Name) 18 HAR IC IS FERETARY FERETA	(Address)	200310434492
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TO:	Registration Se Division of Cor				. •
endu	HUNTERS	CREEK PAIN AND INJURY	, LLC		
SUBJI		Name of Lim	ited Liability Compar	ny	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Nathan Hill			
			Name of Perso	<b>D</b>	
			Firm/Compan	IX	
		4125 HUNTERS PARK L	N, SUITE 117		
			Address		<u> </u>
		Orlando, FL 32837			
		····	City/State and Zip	Code	<u> </u>
		nhillmd2001@yahoo.com	to be used for future a	anual ranget notif	instian)
For fur	ther information c	oncerning this matter, please ca		ища терот поц	Ration)
		oncerning this matter, please ca			
Nathan			321 at (	217-5053	
	Name o	f Person	Area Cod	e Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:			
∎ \$23	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	ру	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	Rey Div Cli 260	REET/COURI istration Section ision of Corpora ton Building 1 Executive Cer lahassee, FL 32	ations nter Ci <b>rcle</b>

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O	r -	
HUNTERS CREEK PAIN AND INJURY, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on <u>8/22/2008</u>	and assigned
Florida document numberL08000080632		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbr	eviation "L.L.G.
Enter new principal offices address, if applicable:		HA
(Principal office address MUST BE A STREET ADDRESS)		R I
Enter new mailing address, if applicable:		ATE DRIC
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

I hereby accept the appointment as registered agent and agree to acr 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 605, 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.

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Eudene Harry	4125 HUNTERS PARK LN	🗅 Add
		SUITE 117	Remove
		ORLANDO, FL 32837	Change
	······································		Q Add
			Remove
			Change
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			C Remove
			Change
	<u> </u>		Add
			C Remove
			Change
	Ρ	age 2 of 3	

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D. If amending any other information, enter change(s) here: (Aua	ch additional sheets, if necessary.)
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E. Effective date, if other than the date of filing:	(antional)
(If an effective date is listed, the date must be specific and cannot be prior to date o	(optional) f filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utdry filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.	
Dated MARCH 12 2018	
Dated,,	
Signature of a member or authorized rep	presentative of a member
Tomence Doulef	
Typed or printed name of	ofsignee
Page 3 of 3	
Filing Fee: \$2	5.00