

# L08000108144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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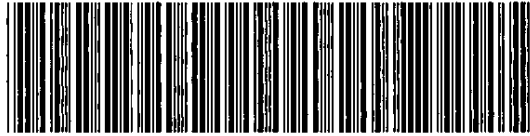
(Business Entity Name)

(Document Number)

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2009 OCT -8 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP 29 2009  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sunlake Medical Management 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:

**Alfonso M. Abreu**

Name of Person

**Sunlake Medical Management LLC**

Firm/Company

**18964 N. Dale Mabry Hw. Suite 101**

Address

**Lutz, FL 33548**

City/State and Zip Code

**sunlakepainmanagement@verizon.net**

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

For further information concerning this matter, please call:

**Alfonso M. Abreu**

Name of Person

at ( **813** ) **884-3388 x 235**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2009

ALFONSO M. ABREU  
SUNLAKE MEDICAL MANAGEMENT LLC  
18964 N DALE MABRY HWY STE 101  
LUTZ, FL 33548

SUBJECT: SUNLAKE PAIN MANAGEMENT, LLC  
Ref. Number: L08000108144

We have received your document for SUNLAKE PAIN MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are changing the name to Sunlake Medical Management, you must put the old name (Sunlake pain management, in the first line, where it says name as it appears on our records. If you are changing the name you must put the new name on the line that says (enter the new name here.) I was not sure what you wanted.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 709A00031667

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2009 OCT -8 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sunlake Pain Management 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 11/20/2008 and assigned  
Florida document number L08000108144.

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:

18964 N. Dale Mabry Hw. Suite 101

(Principal office address MUST BE A STREET ADDRESS)

Lutz, FL, 33548

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Luis Logroño, M.D

New Registered Office Address:

18964 N. Dale Mabry Hwy, Suite 101

*Enter Florida street address*

Lutz

City

Florida

33548

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

**MGR** = Manager  
**MGRM** = Managing Member

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

Dated **September 24**, 2009

Signature of a member or authorized representative of a member

Alfonso M. Abreu

Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA

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