

LO8000108144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

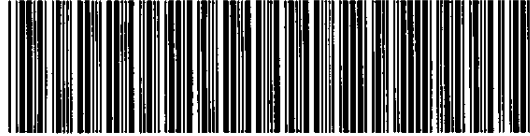
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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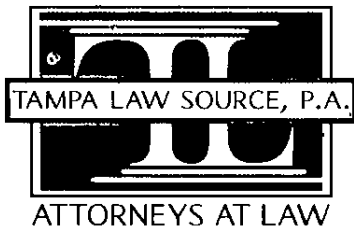


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FILED
2015 NOV 19 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 20 2015
J. HARRIS



BUSINESS. HEALTHCARE. COMMERCIAL LITIGATION. BANKRUPTCY. REAL ESTATE.

November 16, 2015

VIA REGULAR MAIL

Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

**Re: Articles of Amendment for Sunlake Pain Management, LLC
Document L08000108144**

Dear Sir / Madam:

Enclosed please find for filing the Articles of Amendment to Articles of Organization of Sunlake Pain Management, LLC, along with a check for \$30.00, reflecting the Filing Fee & Certificate of Status.

Please contact the undersigned should you have any questions regarding the enclosed.

Very truly yours,

Alexandra M. Kowalski, Esq.

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunlake Pain 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:

Alexandra Kowalski

Name of Person

Tampa Law Source

Firm/Company

13139 W. Linebaugh Ave, Suite 101

Address

Tampa FL 33626

City/State and Zip Code

m.perez@sunlakeclinic.com

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

For further information concerning this matter, please call:

Alexandra Kowalski

Name of Person

at (813)

Area Code

814-0700

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
SUNLAKE PAIN MANAGEMENT, LLC**

Pursuant to the Florida Revised Limited Liability Company Act (the "**Act**"), **SUNLAKE PAIN MANAGEMENT, LLC**, a Florida limited liability company (the "**Company**"), does hereby amend its Articles of Organization as follows:

FIRST: The name of the Company is: SUNLAKE PAIN MANAGEMENT, LLC.

SECOND: The original Articles of Organization of the Company were filed with the Florida Department of State on November 20, 2008.

THIRD: The document number of the Company is: L08000108144.

FOURTH: The Company's Articles of Organization are hereby amended as follows:

Article V of the Articles of Organization is deleted in its entirety and replaced with:

ARTICLE V

MANAGEMENT

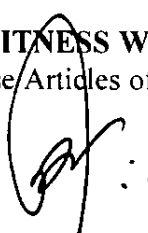
The Company shall be Manager managed. The name and address of the current Manager is:

Luis A. Logrono, M.D.
4704 N. Armenia Avenue
Tampa, FL 33603

The name and address of the Company's Chief Financial Officer is:

Julio Molinares
4704 N. Armenia Avenue
Tampa, FL 33603

IN WITNESS WHEREOF, the undersigned Member and Manager of the Company has executed these Articles of Amendment to Articles of Organization on this 12th day of November, 2015.



Luis A. Logrono, M.D., as Manager and Member

FILE
2015 NOV 19 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA