

LO8000108144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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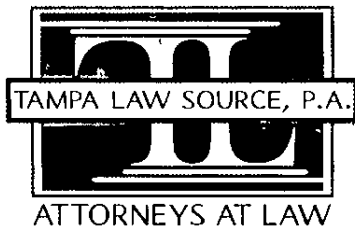


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2015 DEC 30 PM 1:25
FALL RIVER, MA
FALL RIVER, MA

JAN 04 2016
J. HARRIS



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

December 23, 2015

Department of State
Division of Corporations
Corporate Filings
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

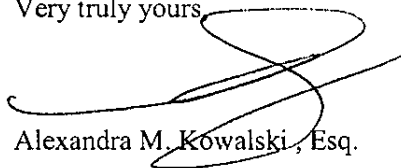
**Re: Sunlake Pain Management, LLC Articles of Amendment
Document No. L08000108144.**

Dear Sir or Madam:

Please find enclosed for filing Articles of Amendment for Sunlake Pain Management, LLC. Also enclosed is the filing fee of \$25.00 made payable to the Florida Department of State.

Please return all correspondence concerning this matter to me at the address below. For further information concerning this matter, please contact me at the telephone number set forth below.

Very truly yours,



Alexandra M. Kowalski, Esq.

Enclosures

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, Ste 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:

Alex 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

(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 LO8000108144

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 contain 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)

4704 N. Armenia Ave
Tampa, FL 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4704 N. Armenia Ave
Tampa, FL 33603

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:

New Registered Office Address:

4704 N. Armenia Ave

Enter Florida street address

Tampa

City

Florida

33603

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA
TALLAHASSEE

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 ELIXIR
 STATION
 DEPT A

611

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/21, 2015

Luis Logrono, M.D., Manager & Member
Typed or printed name of signee

Filing Fee: \$25.00

2016 DEC 30 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA