Corp. 108000/09/07/4

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 120070000160

: (800)494~3124

Fax Number

: (561)455-9885

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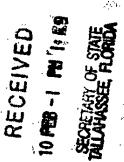
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IPS OF FT. MYERS, LLC

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EXAMINER



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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF FT. MYERS, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Contran-	ears on our records.)		
The Articles of Organization for this Limited Liability (_and as	signed
Florida document numberL08000109674	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	rited liability company l	nere:		
The state of the s	a with the anti-birty of		1. T'e e 11	1 (1 to 1
The new name must be distinguishable and end with the world. I.C.?"	ords "Limited Liability Cor	npany, the designation "LLC	では	=======================================
Enter new principal offices address, if applicable:	Market and the state of the sta		350	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	andrille and the state of the special part of	95	<u> </u>
	4 No. 400 Annie 440		ويتن	77.54
)	
Enter new mailing address, if applicable:			22	_ <u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		**************************************	334	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		n our records, enter the	name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	(Emer Florida strzet zaldross) , Florida (City) (Zip Code)			•
	(Ciry)		(Zip Co	de)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to dot 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. Thereby 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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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>	Address	Type of Action
MGRM	APMS ASSETS, LLC	812 CAPE VIEW DRIVE FORT MYERS FL 33919	Adr.
MGRM	ARFREY, LLC	559 HATCHEE VISTA DRIVE EORT MYERS EL 33919	=
MGRM	ADVANCED PAIN MANAGEMENT SPECIALISTS, P.A.	8225 COLLEGE PARKWAY, STE 200 EORT MYERS EL 33919	面例 Add 面例 Remove
			2018 FEB - 1 v AM '8 2
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessar	Remove
Dated Janu	Carlo	Wedonm	
		or authorized representative of a member	
		R Noback MD or printed name of signee	
	1 y pea c	n printed hadle of signee	

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