

LD9 000020218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

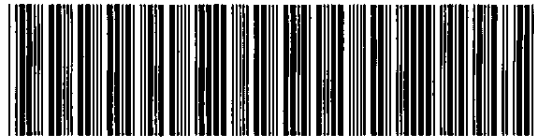
Certified Copies _____

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T. CLINE

FEB 17 2010

EXAMINER

LD9-20218

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 16 AM 11:49

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2010

VANESSA NIEVES
102 N. SWINTON AVE
DELRAY BEACH, FL 33444

SUBJECT: DELRAY PAIN MANAGEMENT, LLC
Ref. Number: L09000020218

We have received your document for DELRAY PAIN MANAGEMENT, LLC and check(s) totaling \$55.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 810A00003420

2010 FEB 16 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delray 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:

Vanessa Nieves
Name of Person

delray pain management LLC
Firm/Company

102 N. Swinton Ave
Address

Delray Beach FL 33444
City/State and Zip Code

Delraypain1@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa at (561) 278-5818
Name of Person 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

2010 FEB 16 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Delray 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 2/27/2009 and assigned
Florida document number LO9000020218

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:

(Principal office address MUST BE A STREET ADDRESS)

102 N. SWinton Ave
Delray Beach, FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

102 N. SWinton Ave
Delray Beach, FL 33444

**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:

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 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

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

Title	Name	Address	Type of Action
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MGRM	Zvi H. perper	102 N. Swinton Ave Delray Beach FL 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	Kenneth mummy	102 N. Swinton Ave Delray Beach FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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Managing member	Cindy strout	102 N. Swinton Ave Delray Beach FL 33444	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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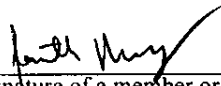
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2010 FEB 16 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.


Signature of a member or authorized representative of a member

Kenneth mummy
Typed or printed name of signee