

LD9000025810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 23 2009

EXAMINER



400157081064

06/22/09--01049--009 \*\*25.00

FILED  
SECRETARY OF  
DIVISION OF CLERK  
JUN 22 AM 9:03

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

SECRETARY OF  
DIVISION OF CORPORATE  
09 JUN 22 AM 9:03

**LEE MEDICAL & PAIN RELIEF CENTER, 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 03/17/2009 and assigned  
Florida document number L09000025810.

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)

3940 Metro Parkway #103  
Port Myers, FL 33916

Enter new mailing address, if applicable:

(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:

Esmareel Samahiazad, DC

New Registered Office Address:

3940 Metro Parkway #103 Port Myers FL 33916

Enter Florida street address

Port Myers, Florida 33916  
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 prescribed by the Florida Statutes, F.S. 607.08, 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.

(Signature)  
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
MGR	ESMAEEL SAMALIAZAD	3940 METRO PARK STE 103 FORT MYERS FL 33910	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

EDOUARD FRITZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00