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## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC	T:	Florida Institute	of Pain Medicine, LI	LC		
			ted Liability Company			
•		;				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
	,	Bernard Canlas, MD				
Name of Person			Name of Person			
Florida Institute of Pain Medicine, LLC				, LLC		
	Firm/Company				-	
	6144 Gazebo Park Place South Suite 102					
	Address					
		!	acksonville, FL 32257			
		<u>;                                      </u>	City/State and Zip Code		-	
		b_	_canlas@hotmail.com			
		•	to be used for future annual report	notification)		
For furth	er information co	oncerning this matter, please of	call:			
	Berna	rd Canlas, MD	at (_904_)	608-1369		
	Name of	f Person		sytime Telephone Number	er	
		; ;				
Enclosed	l is a check for th	e following amount:				
<b>\$25.0</b>	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certifie	ate of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration S Division of Co Clifton Buildin	orporations ng e Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Institute of Pain Medicine, 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 on01/05/2010 and assigned	
Florida document number L10000001664	
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 "LLC."	ог
E.E.C.	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	_
<u>·</u>	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the ne</u> registered agent and/or the new registered office address here:	W
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Enter Florida street daaresse 1999 11	
, Florida	
City Sip 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					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
Dr.	Bernard Canlas	161-4 Hampton Point Drive St. Augustine, FL 32092	Add Remove		
**************************************	Celina Fernandez Canl	as 161-4 Hampton Point Drive St. Augustine, FL 32092	Add Remove		
<del>, , </del>		· · · · · · · · · · · · · · · · · · ·	Add Remove		
			Add Remove		
			AddRemove		
			AddRemove		
D. If amer	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessar	y.)		
_					
_					
Dated	October 19	, <u>2010</u> .			
	Signature of	<u>΄</u>			
		Bernard Canlas Typed or printed name of signee	,++N		

Page 2 of 2

Filing Fee: \$25.00