

L10000022104

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(Address)

(Address)

(City/State/Zip/Phone #)

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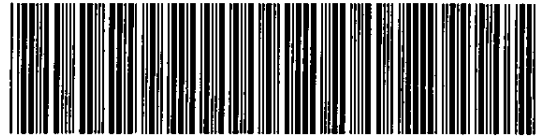
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 11 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holistic Family & 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:

Rebecca A. Tye
Name of Person

Holistic Family & Pain Management LLC
Firm/Company

1846 SE Port St Lucie Blvd.
Address

Port St Lucie, FL 34952-5545
City/State and Zip Code

BeckyTye@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca A. Tye at (TD) 528-6248
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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**

Holistic Family & 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 Feb 26, 2010 and assigned Florida document number L1000 0022104.

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)

1846 SE Port St Lucie Blvd.
Port St Lucie, FL
34952-5545

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 881591
Port St Lucie, FL
34988-1591

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:

Rebecca A. Tyre

New Registered Office Address:

1905 S 25th Street Suite 1024
Fort Pierce, Florida 34947-4739
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.

Rebecca Tyre
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 M	Rebecca A. Tye	1905 S. 25th St. Suite 100 Fort Pierce, FL 34947-4739	<input checked="" type="checkbox"/> Add (Update) <input type="checkbox"/> Remove
D	William G. Tye III	1905 S. 25th Street Suite 100 Fort Pierce, FL 34947-4739	<input checked="" type="checkbox"/> Add (Update) <input type="checkbox"/> Remove
D	Alexian D. Gdapiu MD	1905 S. 25th St Suite 100 Fort Pierce, FL 34947-4739	<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

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

please add our FEI/EIN 27-1484962

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated May 4, 2010

Rebecca A. Tye
Signature of a member or authorized representative of a member
Rebecca A. Tye
Typed or printed name of signee