## L10000022104

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J. SAULSBERRY
EXAMINER

DCT 26 2010

## **COVER LETTER**

Division of Co					
SUBJECT:	Holistic Family &	Pain Management, LLC			
		ted Liability Company			
	f Amendment and fee(s) are sul	-			
		Rebecca A Tye			
		Name of Person	<del></del>		
	Holistic Fa	mily & Pain Management, LL	.C		~~~
	Firm/Company				•
	PO Box 881591			2010 SEC	7
Address				77	
	Port Saint Lucie, FL 34988-1591			2010 OCT 25 SECRETARY FALLAHASSE	
	В	City/State and Zip Code eckyTye@gmail.com		AH II: 27 OF STATE E. FLORID	D
	E-mail address: (	to be used for future annual report notifica	ition)	RE 1: 2	
For further information	concerning this matter, please of	eall:		)	
	ebecca A Tye		35-5022	<del></del>	
Name	of Person	Area Code & Daytime	Celephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	)

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 & Pair	<u>n Management</u>	i, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 00022104	01/22/2010	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:	:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company	y," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applicable:			OIO SECO	- Lauria
(Principal office address MUST BE A STREET ADDRESS)		***	OCT 2	
Enter new mailing address, if applicable:	PO Box 88159		5 AHII	m
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Luci	e, FL 34988-1	159 7 2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Ente	r Florida street a	ddress	
	City	, Florida _	Zip Code	
	City		zip Coae	

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>	Address	Type of Action
D	William G Tye III	1905 S 25th Street Suite 100 Fort Pierce, FL 34947	☐ Add
D	Adrian D Golgotiu	1905 S 25th Street Suite 100 Fort Pierce, FL 34947	Add  Remove
<del></del>			Add Remove
			Add Remove
			2018 OCT 25
D. Ifamen	nding any other information, enter o	change(s) here: (Attach additional sheets, if necessa	Remark Line 22
_			<del></del>
 Dated	October 18	2010	<del></del>
		ember or authorized representative of a member  Rebecca A Tye	
	1	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00