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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 26

J. SAULSBERRY
EXAMINER

OCT 26 2010

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

PO Box 881591

Address

Port Saint Lucie, FL 34988-1591

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

Name of Person

at (772)

335-5022

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

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Holistic Family & Pain Management, LLC

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TALLAHASSEE, FLORIDA
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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:

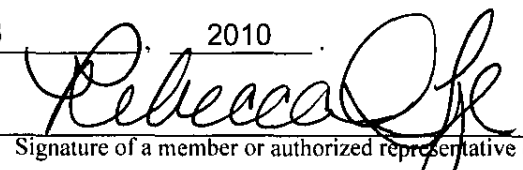
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	William G Tye III	1905 S 25th Street Suite 100 Fort Pierce, FL 34947	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Adrian D Golgotiu	1905 S 25th Street Suite 100 Fort Pierce, FL 34947	<input type="checkbox"/> Add <input checked="" 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

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

Dated October 18, 2010



Signature of a member or authorized representative of a member

Rebecca A Tye

Typed or printed name of signee