

L100000 77811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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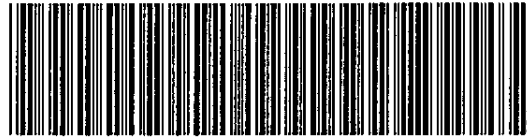
Special Instructions to Filing Officer:

A. LUNT

JUL 29 2011

EXAMINER

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2011 JUL 28 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Pain Consultants, L.L.C.
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:

Cheryl E. White
Name of Person

Total Pain and Risk Consultants, L.L.C.
Firm/Company

1311 Forestedge BLVD
Address

OLDSMAR, FL 34677
City/State and Zip Code

Cew9989@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl E. White at (727) 480-5911
Name of Person 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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TALLAHASSEE, FLORIDA

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

Total Pain Consultants, L.L.C.

(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 07/23/10 and assigned

Florida document number L100000077811

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Total Pain and Risk Consultants, L.L.C.

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)

1311 Forestedge BLVD
OLDSMAR, FL 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1311 Forestedge BLVD
OLDSMAR, FL 34677

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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>	<u>Type of Action</u>
PRES	Cheryl E. White	1311 Forestedge Blvd Oldsmar, FL 34677	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PRES	Deanna Pfoff	7811 Ballymoney Rd Tampa, FL 33610	<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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TALLAHASSEE, FLORIDA

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

Name Change from
(old) Total Pain Consultants, L.L.C. to
(new) Total Pain and Risk Consultants, L.L.C.

Dated July 26, 2011

Cheryl E. White
Signature of a member or authorized representative of a member

Cheryl E. White
Typed or printed name of signee

ASSIGNMENT OF MEMBERSHIP INTEREST

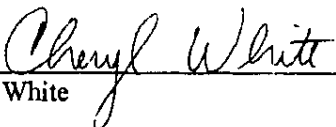
For Value Received, the receipt and sufficiency of which is hereby acknowledged, Deanna Pfoff, a member of TOTAL PAIN CONSULTANTS, LLC, a Florida limited liability company, does hereby assign, transfer and convey all of her membership interest in TOTAL PAIN CONSULTANTS, LLC to CHERYL WHITE.

As of the date hereof, Deana Pfoff resigns as Manager of TOTAL PAIN CONSULTANTS, LLC.

Dated: July 11, 2011


Deanna Pfoff

I acknowledge receipt of the membership interest and accept the resignation of Deanna Pfoff as Member/Member.


Cheryl White

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