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NOV 18 2010

**EXAMINER** 



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10 NOV 16 PM 1: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	NERVE PAIN S	OWTIONS LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John	C Rojas	
		Name of Person	
		Firm/Company	<del></del>
	CHOL ALCON		
	3401 NW 2N	Address	<u> </u>
	BOCA RATO	N, FL 33487  City/State and Zip Code  OYANO.COM  o be used for future annual report notificat	
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notificat	tion)
For further information co	oncerning this matter, please c		
John C	Kojas	at (561) 210 · 30 · Area Code & Daytime T	<del>16</del>
Name of	Person	Area Code & Daytime T	elephone Number
Enclosed is a check for th	e 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

₹₹ , 1

**Registration Section** 

TO:

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

NERVEPAIN S				_
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears of Limited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability (	Company were filed on OCT	,29,2010	and	assigned
Florida document number L10000112946	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company	," the designation '	'LLC" or t	he abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del>-</del>
		<del></del>	<u> </u>	<del>5 ,     </del>
			TAI	
Enter new mailing address, if applicable:	talado tarres e de la compansa de la		<u>m</u> -<	<u>ک</u> ا
(Mailing address MAY BE A POST OFFICE BOX)			구 <sup>유</sup> :	2
			읈	
			DA F	Phone I
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>enter</u>	the nam	e of the nev
The second secon				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	Florida street ad	dress	
		, Florida _		
	City		Zip C	'ode

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 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
MGRN	AGUSTIN, R MA	XEMIN 755 E BLITHEDALE SUITE MILL YALLEY, CA 94941, US	5 <b>4 533</b> ☐ Add <b>5 R</b> emove
MGRM	CARLOS, ROJAS	499 E PALMETTO PARK F SUITE # 204, BOCA HATON, FL33452, US	Add Remove
M GRM	CECILIA, 200AS	SOLTE #204 BOCH BATON, FL 83482,	Remove
			Add Remove
	<del></del>		AddRemove
			AddRemove
D. If an	nending any other information,	enter change(s) here: (Attach additional sheets, if ne	ecessary.)
			<del></del>
Dated	NOVEMBER 10  Bocilia, R	<u>1010</u> .	
٥	becilia Signature Cecilia	Rotas  Typed or printed name of signee	

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Filing Fee: \$25.00