

L10000130155

Florida Department of State
 Division of Corporations
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 Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN, PLLC
 Account Number : I20070000020
 Phone : (813) 435-3176
 Fax Number : (813) 333-6358

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 KENDALL PAIN CENTER, LLC

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JAN-02-2011 SUN 10:37 PM

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P.003

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KENDALL PAIN CENTER, 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 12/21/2010 and assigned
Florida document number L10000130155

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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

City, Florida 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

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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

Title	Name	Address	Type of Action
S	TESSI BATISTA	11760 SW 40 ST THE ATRIUM MEDICAL OFFICE SUITE 411 MIAMI, FLORIDA 33175	☐ Add ☒ Remove
T	ONEIL MONTALVO	11760 SW 40 ST THE ATRIUM MEDICAL OFFICE SUITE 411 MIAMI, FLORIDA 33175	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated

12-30-10

Hashem Sultan
Signature of a member or authorized representative of a member

Hashem Sultan
Typed or printed name of signee

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