

L13000063420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

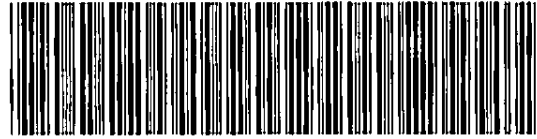
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2023

JULIAN CAMERON
PALM ORTHOPEDICS AND INTERVENTIONAL PAIN
7710 NW 71ST COURT, SUITE 201
TAMARAC, FL 33321

SUBJECT: PALM ORTHOPEDICS & INTERVENTIONAL PAIN LLC
Ref. Number: L13000063420

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We have received your document for PALM ORTHOPEDICS & INTERVENTIONAL PAIN LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

To file amendments for your organization, please complete and return the Articles of Amendment to Articles of Organization application.

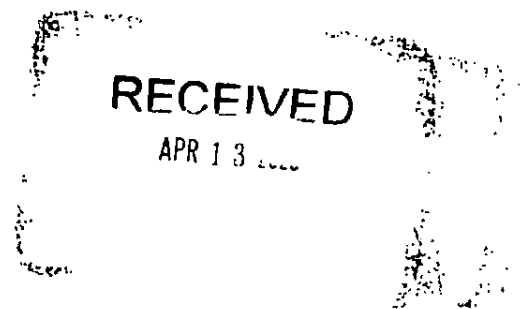
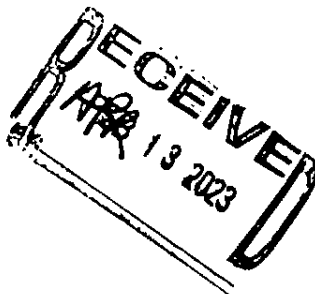
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 723A00006425



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM ORTHOPEDICS & INTERVENTIONAL PAIN 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:

JULIAN CAMERON
Name of Person

PALM ORTHOPEDICS & INTERVENTIONAL PAIN LLC
Firm/Company

9710 NW 71ST CT. SUITE 201
Address

TAMARAC, FL. 33321
City/State and Zip Code

julian.a.cameron@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIAN CAMERON at (202) 203-8445
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PALM ORTHOPEDICS & INTERVENTIONAL PAIN 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 04/30/2013 and assigned Florida document number L13000063420.

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 contain 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)

7710 NW 71st Ct.
SUITE 201
TAMARAC, FL. 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7710 NW 71st Ct.
SUITE 201
TAMARAC, FL. 33321

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:

JULIAN CAMERON

New Registered Office Address:

7710 NW 71st Ct. SUITE 201

Enter Florida street address

TAMARAC, Florida 33321

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 605, 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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STATE OF FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AUTHORIZED MEMBER	WILLIAM VANDERBROOK	5458 TOWN CENTER RD.	<input type="checkbox"/> Add
		SUITE 104	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL. 33486	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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



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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 02, 2023

Signature of a member or authorized representative of a member

JULIAN CAMERON
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

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