# L14 0006 71543

| (Red                    | questor's Name)  | <del></del> |
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| . (City                 | //State/Zip/Phon | e #)        |
| PICK-UP                 | WAIT             | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number    | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
|                         |                  |             |
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JEMMES JUN 1 - 2014

#### **COVER LETTER**

TO:

Registration Section : Division of Corporations

SHO TO THE

# MICHIGAN 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:

#### **ALLEN LEVI**

Name of Person

# STROEMER AND COMPANY LLC

Firm/Company

# 20590 W DIXIE HIGHWAY

Address

# **AVENTURA, FL 33180**

City/State and Zip Code

#### ALLENL@STROEMERCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALLEN LEVI

\_\_,305,937-2272

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Piling Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Pee,
Certificate of Starus &
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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MICHIGAN PAIN MANAGEMENT LLC  |  |  |
|---|--|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li  | ability Company)   | •  |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000031543</u>   | vere filed on <u>2/25/2014</u>   | and assigned   |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liabil   | lity company here:   |  |
| The new name must be distinguishable and end with the words "Limited Liabil   | lity Company," the designation "LLC" or the abl  | previation "L.L.C."  |
| Enter new principal offices address, if applicable:   | AT IN A STATE OF STORES SELECTED AND A STATE AND A |  |
| (Principal office address MUST BE A STREET ADDRESS)   | (14,64) 24,44,44,44,44 = 144, 41 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1   |  |
| •   |  | 1900g ng <del></del>   |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
|   |  |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  |  | he name of the new   |
|   | 1.   | i<br>Figure  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida street address   |  |
| W   | , Florida  | <del></del>  |
|   | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |  | (2) (2) (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete,<br>accept the obligations of my position as registered agent as p | performance of my duties, and I am fa  | miliar with and  |

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name          | Address Type of Action        |
|--------------|---------------|-------------------------------|
| MGR          | ALBERT JEROME | 4676 OKEECHOBEE BLVD G Add    |
|              | ·             | W PALM BEACH, FL 33417 Remove |
| MGR          | JOHN MAFFIA   | 4676 OKEECHOBEE BLVD          |
|              |               | W PALM BEACH, FL 33417        |
| MGR          | ELI GOLDSTEIN | 4676 OKEECHOBEE BLVD          |
|              |               | W PALM BEACH, FL 33417 Remove |
| MGR          | JAMES PADULA  | 4676 OKEECHOBEE BLVD          |
|              |               | W PALM BEACH, FL 33417        |
| MGR          | JAMES PADULA  | 30301 WOODWARD AVE STE 240    |
|              |               | ROYAL OAK, MI 48073 Remove    |
|              |               |                               |
|              |               | □ Remove                      |
|              |               |                               |

| ۲, | 06-03-     | ³14               | 14:38    | FROM-        | COMP                                    | HEALTH CA   | RE                                      | 561-689-757            | 71            | T-267                         | P0004/0004                            | F-867 |
|----|------------|-------------------|----------|--------------|---|---|---|------------------------|---------------|-------------------------------|---------------------------------------|-------|
| D. | If ame     | ndin <sub>i</sub> | g any of | ther info    | rmation,                                | enter chang                                       | ge(s) here:                             | (Astach additio        | mal sheets,   | if necessary.)                | 1                                     |       |
|    |            |                   |          |              | · · · · · ·                             | <u> </u>  | *************************************** |                        | . <u></u>     |                               |                                       |       |
|    | _          |                   |          |              |   |   |   |                        |               | ,                             | · .                                   |       |
|    | -          |                   |          |              |   |   |   | <del></del>            |               |                               | ·<br>                                 |       |
| •  |            |                   |          |              |   | e e 1 ·   |   | <del></del>            |               |                               | , , , , , , , , , , , , , , , , , , , |       |
| Ľ. | (The offer | tive d            | ate must | be specific. | cannot be                               | of filing:<br>prior to date of<br>Department of S | receipt or file                         | d date and cannot b    | e more than 9 | _ (optional)<br>30 days after |                                       |       |
|    | Dated      |                   | -61      | 3/14         | in the distance of the same of the con- |   | ~ /                                     | <i>(</i> )             |               |                               |                                       |       |
|    |            |                   |          | ~~~          | Signi                                   | iture of a memi                                   | ber or author                           | ized representative    | of a member   |                               |                                       |       |
|    |            |                   |          |              | ALT                                     | BEET  | ed or printed                           | LOME<br>name of signed |               | <del></del>                   | ·                                     |       |

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Filing Fee: \$25.00

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