

2015 2:53PM

No. 0009 P. 61 of 1

**L14000174063**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCH, P.A.  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA PAIN RELIEF GROUP, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA

*Please date  
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15 MAY 29 PM 4: 08

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Corporate Filing Menu

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JUN -2 2015

**T. HAMPTON**

Jun. 2. 2015 2:53PM

No. 0009 P. 5

P. 1

\* \* \* Communication Result Report ( Jun. 1. 2015 5:20PM ) \* \* \*

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Date/Time: Jun. 1. 2015 5:02PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0006 Memory TX	918506176383	P. 3	OK	

Reason for error  
E. 1) Hang up or line fail  
E. 2) Busy  
E. 3) No answer  
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Division of Corporations

Page 1 of 1

Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6343

From:  
Account Name : BERNARD, HOLLY, KIMWOOD, LOUIE & KECHE, P.A.  
Account Number : 012731001133  
Phone : (813) 253-6220  
Fax Number : (813) 253-6711

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG MESSAGE

FLORIDA PAIN RELIEF GROUP, PLLC

Certificate of Status	0
Certified Copy	0
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original submitted  
date

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Jun. 2. 2015 2:53PM

No. 0009 P. 4

P. 1

\* \* \* Communication Result Report ( May. 29. 2015 3:31PM ) \* \* \*

1)  
2)

Date/Time: May. 29. 2015 3:30PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0005 Memory TX	918506176383	P. 3	OK	

Reason for error

- |                                 |                               |
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| E. 3) No answer                 | E. 4) No facsimile connection |
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Division of Corporations

Page 1 of 1

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 437-6343

From: Account Name : KERRY, KELLY, KERRYWOOD, LONG & KERRY, P.A.  
Account Number : 072731061153  
Phone : (813) 253-8620  
Fax Number : (813) 251-4722

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG DESIGN  
FLORIDA PAIN RELIEF GROUP, PLLC

Description of Service	0
Certified Copy	0
Page Count	03
Estimated Charge	\$26.00

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H15000129281

**ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION  
FLORIDA PAIN RELIEF GROUP, PLLC**

Pursuant to Section 605.0202 of the Florida Statutes, the Articles of Organization of FLORIDA PAIN RELIEF GROUP, PLLC, a Florida professional limited liability company (the "Company"), are hereby amended as follows:

1. The Articles of Organization of the Company were filed with the Florida Department of State on November 7, 2014, and assigned document number L14000174063.
2. Article 1 of the Articles of Organization of the Company is hereby amended to read in its entirety as follows:

**"ARTICLE 1**  
**Name**

The name of this limited liability company is:

Florida Pain Relief Group, LLC

(hereafter, the "Company")."

3. Article 2 of the Articles of Organization of the Company is hereby amended to read in its entirety as follows:

**"ARTICLE 2**  
**Purposes**

The purposes for which this Company is formed are: any lawful purposes under Florida law."

4. Article 6 of the Articles of Organization of the Company is hereby deleted in its entirety.
5. Article 7 of the Articles of Organization of the Company is hereby deleted in its entirety.

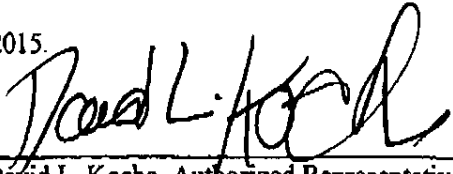
*[Signature on Following Page]*

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**15 MAY 29 PM 4:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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IN WITNESS WHEREOF, the authorized representative of the sole member of the Company has executed these Articles of Amendment to the Articles of Organization of Florida Pain Relief Group, PLLC on this 29<sup>th</sup> day of May, 2015.

  
\_\_\_\_\_  
David L. Koche, Authorized Representative

**FILED**  
15 MAY 29 PM 4:08  
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TALLAHASSEE, FLORIDA

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