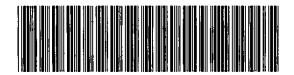
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K.SALY EXAMINER JUL 182015

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIE		IENSIVE PAIN OF THE PAL	M BEACHES PLLC	
SUBJE	CCT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		BART G GATZ		
			Name of Person	
		COMPRHENSIVE PAIN	OF THE PALM BEACHES PLLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2828 S SEACREST BLVI	D # 210	
			Address	
		BOYNTON BEACH, FLO	ORIDA 33435-7944	
			City/State and Zip Code	New York
		rhbrough@aol.com		
		E-mail address: (	to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please c	all:	
BART	G GATZ		561 369-7644	
	Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2015 JUL -9 PM 1:33 **OF** 

COMPREHENSIVE PAIN OF THE PALM BEACHES PLLC

(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 Liabil	ity Company were filed on 04/17/201	5 and assigned
Florida document number L15000073093		
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter the name of the nev
registered agent and/or the new registered office	addits nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
<u>-</u>		, Florida
	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

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>	Address	Type of Action
MGR	BART GATZ	2828 S SEACREST BLVD #210 Boynton Bed Fr. 3343	} ≦■ Add
			Remove
			Change
MGR	RUTH BROUGHTON		🗆 Add
		PO BOX 741293 BOYNTON BEACH, FL	Remove
			Change
			Add
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Filing Fee: \$25.00