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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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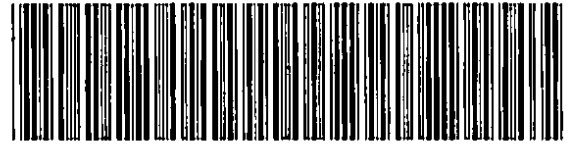
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FLORIDA

R. WHITE

APR 05 2019

BY APPOINTMENT:
37 N. ORANGE AVENUE, SUITE 500
ORLANDO, FLORIDA 32801

BY APPOINTMENT:
201 E. GOVERNMENT STREET
PENSACOLA, FLORIDA 32502
TELEPHONE: (850) 439-1001

BY APPOINTMENT:
155 E. BOARDWALK DRIVE, SUITE 424
FORT COLLINS, COLORADO 80525
TELEPHONE: (970) 416-7456
TELEFAX: (866) 203-1464



THE HEALTH LAW FIRM®

"REPRESENTING HEALTHCARE PROVIDERS"

RESPOND ONLY TO MAIN OFFICE:
1101 DOUGLAS AVENUE
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BAR IN HEALTH LAW

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REGISTERED NURSE (COLORADO)

LANCE O. LEIDER, J.D., LL.M.
FLORIDA

ACHAL A. AGGARWAL, J.D.
FLORIDA

MATTHEW R. GROSS, J.D., P.A.
FLORIDA
(OF COUNSEL)

March 26, 2019

VIA FEDEX OVERNIGHT DELIVERY

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

Re: Dynamic Pain & Wellness, PLLC
Mathew McCune, M.D.
Document No.: L15000161232
Our File: 2488/001

**FORM TO AMEND THE ARTICLES OF ORGANIZATION
FOR DYNAMIC PAIN & WELLNESS, PLLC**

Dear Sir or Madam:

Enclosed please find a form to amend the Articles of Organization for Dynamic Pain & Wellness, PLLC, as well as a check made payable to the Florida Department of State for \$60.00.

If you have any questions, please feel free to contact me at the numbers listed above. If I am not available, you can speak to my law clerk, Brandee Potter.

Sincerely,

THE HEALTH LAW FIRM, by:

LANCE O. LEIDER, J.D., LL.M.

encls: (1) Form to amend the Articles of Organization
(2) Check for \$60.00, made payable to the Florida Department of State

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dynamic Pain & Wellness, PLLC

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:

Mathew McCune, M.D.

Name of Person

Dynamic Pain & Wellness, LLC

Firm/Company

930 Mar Walt Drive, Suite C

Address

Fort Walton Beach, Florida 32547

City/State and Zip Code

matmccunemd@gmail.com

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

For further information concerning this matter, please call:

Mathew McCune, M.D.

850 502-3310
at ()

Name of Person

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 MAR 27 PM 1:55

Dynamic Pain & Wellness, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on September 22, 2015 and assigned
Florida document number L15000161232.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dynamic Pain & Wellness, LLC

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

n/a

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

[illegible]

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 March 26, 2019

March 26

 Signature

Lance O. Leider, Esq., Authorized

Signature of a member or authorized representative of a member

Lance O. Leider, Esq., Authorized Representative

Typed or printed name of signee