

L16000 152031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800289878598

09/08/16--01026--004 **30.00

FILED
2016 SEP -8 A 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charlotte Pain Institute, 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:

Joseph M. Herbert

Name of Person

Icard Merrill

Firm/Company

8470 Enterprise Circle, Suite 201

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

jherbert@icardmerrill.com

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

For further information concerning this matter, please call:

Dr. Peter M. Fernandez

Name of Person

at (336) 406-5795

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

2010 SEP - 8 A 9 48
FILED
TALLAHASSEE, FLORIDA

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

Charlotte Pain Institute, 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 8.15.2016 and assigned Florida document number L16000152031.

This amendment is submitted to amend the following:

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

Blue Medical and Wellness, L.L.C.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blue Medical and Wellness, L.L.C.
P.O. Box 5869
Sarasota, FL 34277

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:

New Registered Office Address:

Enter Florida street address

City, Florida

FILED
2016 SEP - 8 A 9:48
TALLAHASSEE, FLORIDA

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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 SEP 18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2010 SEP - 8 A 9 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

26th SEP - 8 A 48
SECRETARY OF THE
TAL-ANAL-SEE, FLORENCE

7
8
9
10
11

(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)

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

September 5, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee