

L17000035977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

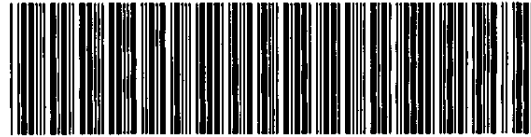
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/17--01026--011 **52.50

05/03/17--01007--008 **60.00

FILED
17 MAY -4 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

HANS EVERS
304 PONCE DE LEON BLVD
BELLEAIR, FL 33756

SUBJECT: PAINCARE@DALE-MABRY, LLC
Ref. Number: L17000035977

We have received your document for PAINCARE@DALE-MABRY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00007653

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINCARE @ DALE - MABRY, 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:

HANS EVERS, MD
Name of Person

304 PONCE DE LEON BLVD
Firm/Company
Address

BELLEAIR, FL 33756
City/State and Zip Code

DRILMIZ @ JMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANS EVERS at (727) 253 4335
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**

PAINCARE @ DALE - MABRY 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 02/17/2017 and assigned Florida document number L17000035977

This amendment is submitted to amend the following:

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

PINELLAS PAINCARE, 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:

(Principal office address MUST BE A STREET ADDRESS)

304 PONCE DE LEON BLVD
BELLE AIR, FL 33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 PONCE DE LEON BLVD
BELLE AIR, FL 33756

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:

304 PONCE DE LEON BLVD
Enter Florida street address
BELLE AIR, Florida 33756
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

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17 MAY - 4 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(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.

Hans Linn MD
Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
17 MAY -4 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA