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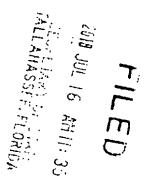
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: INTERVENTIONAL Pain and trauma Center Name of Limited Liability Company	L					
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:						
Harold, law ER						
INterventional Pain and Frauma Center LC	- C					
12437 Docantley Commons Ct						
Fort Myers Fl 33907						
Ineleventional Panand fruma @ gmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Harold lawler at (941) 878 7563 Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
S25.00 Filing Fee Scriticate of Status Certified Copy (additional copy is enclosed)						
MAILING ADDRESS. STREETWAIDED ADDRESS.						

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

The Articles of Organization for this Limited Liability Company were filed on _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.LC." 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) 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: Florida City 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>	Name	Address	Type of Action	
			☐ Remove	
			□ Change	
	,			
			□ Remove	
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			☐ Change	

Page 3 of 3

Filing Fee: \$25.00