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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

то:	Registration Se Division of Cor	porations		
SUBJI	ЕСТ: <u>С</u>	TÖMPREHENSIVE Name of Lim	F PAIN Solutions ited Liability Company	s, LLC
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Abde	Name of Person	/
		COMPREH	ENSIVE PAIN Solu Firm/Company	Hons, LLC
		2715	72nd St. Address	Ct W.
				L 34209
		as w	City/State and Zip Code 5 ~ d to be used for future annual report noti	Zaroo.com
For fu	rther information c	oncerning this matter, please co	all:	
	Abde	H. Elmons	at (772) 231 Area Code Daytim	3 10 92 e Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee	S30.00 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 S	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	27	Division of Cor The Centre of T	lallahassee
	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(ambierans)	ME HAN SOUMONES JAN ICPA 4: 50
(Name of the Limited (A	Liability Company as it now appears on our records. RETARY OF STATE Florida Limited Liability Company) TALLAHASSELLEL
The Articles of Organization for this Limited Liab	ility Company were filed on 07/08/2019 and assigned
Florida document number <u>L 19000 176</u> 7	
This amendment is submitted to amend the follows	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered office address b	stered office address on our records, <u>enter the name of the new registered</u> nere:
Name of New Registered Agent:	Abdel H ELHoushy MD
New Registered Office Address:	2715 72 nd St. Ct. W. Enter Florida street address
	Bradenton Florida 34209 Zip Code
No. 10 to 14 december 1 to 10	

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 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
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	who filled initially for me mis spell my last name
•	mis spell my last name all Dan doing correcting
	an down of
	the spelling of my last name
_	
	Abdel H. Elhoushy
•	
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	ive date, if other than the date of filing: $0.8 2.8 20 9$ (optional)
	a 1 2/2/19 there addy of
Effect	ive date, if other than the date of filing: 2 2 2 (optional) (opti
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
e fecol	rd 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
rd is ti	
	1 - 0/2 2
Dated	1212816
	Model
	Signature of a member or authorized representative of a member
	Abdel H. Elhoushy MI
	Typed or printed name of signee