

L20 0000032123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE OF PAIN MANAGEMENT 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:

LENA HUNT

Name of Person

HOUSE OF PAIN MANAGEMENT LLC

Firm/Company

4949 34th STREET SOUTH

Address

ST. PETERSBURG, FL 33711

City/State and Zip Code

lenahunt@live.com

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

For further information concerning this matter, please call:

LENA HUNT

Name of Person

at (727) 307-3441

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOUSE OF PAIN MANAGEMENT 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 JAN. 27, 2020 and assigned Florida document number L20000032123.

This amendment is submitted to amend the following:

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

N/A

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:

4949 34th ST. S., SUITE 6

(Principal office address MUST BE A STREET ADDRESS)

ST. PETERSBURG, FL 33711

Enter new mailing address, if applicable:

4949 34th ST. S., SUITE 6

(Mailing address MAY BE A POST OFFICE BOX)

ST. PETERSBURG, FL 33711

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:

4949 34th ST. S., SUITE 6

Enter Florida street address

ST. PETERSBURG

City

Florida

State

2020 MAR 20 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

33711

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.

N/A

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>
<u>MGR</u>	<u>LENA HUNT</u>	<u>190 N. TESSIER DR.</u>	<input checked="" type="checkbox"/> Add
		<u>ST. PETE BEACH, FL 33706</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>LAUREN MABRA</u>	<u>1637 18th AVE. N.</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33713</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>CANDACE MABRA</u>	<u>2690 CUNARD STREET</u>	<input type="checkbox"/> Add
		<u>LOS ANGELES, CA 90065</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>CHARLES MABRA</u>	<u>328 1/2 ATWELLS AVE #2</u>	<input type="checkbox"/> Add
		<u>PROVIDENCE, RI 02903</u>	<input checked="" 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

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MILWAUKEE, WI 53233

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

N/A

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E. Effective date, if other than the date of filing: N/A (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)

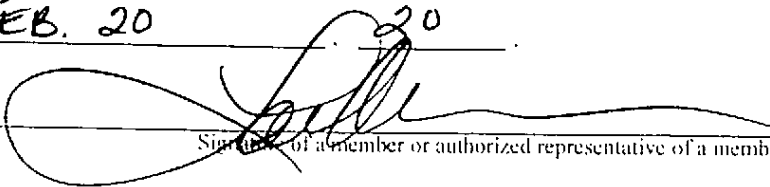
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

FEB. 20

20



Signature of a member or authorized representative of a member

LENA HUNT

Typed or printed name of signee