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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor			
SHD IEZ		in Management, LLC		
SUBJEC"	· ·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	urn all correspo	indence concerning this matter	to the following:	
		Andrew Lindsey		
			Name of Person	
		Boynton Pain Managemen	t, LLC	
			Firm/Company	
		1403 W Boynton Beach B	lvd, Ste 13	
			Address	
		Boynton Beach, FL 33426		
			City/State and Zip Code	
		andy.w.lindsey@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please c	all:	
Andrew L	indsey		484 919.2132	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.00	0 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)
	Tailing Addres Registration S		Street Address:	otion
	Division of C		Registration Sec Division of Cor	
P	P.O. Box 632	7	The Centre of T	allahassee
Ţ	`allahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

Boynton Pain Management, LLC

2020 AUG 10 PM 12: 41

(Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE
(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on June 29, 2020 and assigned Florida document number _ L20000204234 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.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) 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

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>	<u>Name</u>	Address	Type of Action
MGR	Consolidated Medical, LLC	1403 W Boynton Beach Blvd, Ste 13	□ Add
		Boynton Beach, FL 33426	≣Remove
			□Change
MGR	CSPL Investments, LLC	340 Shelbourne Ln	■Add
		Phoenixville, PA 19460	□Remove
			□Change
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			□Remove
			□Change
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the stilled.	earlier of: (b) The 90th day after the
ed August 6 2020	
Signature of a member or authorized representative of a m	inher