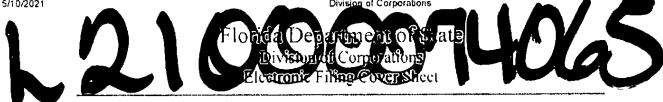
5/10/2021 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000187003 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PIP PAIN, LLC

Certificate of Status	. 0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 6

COVER LETTER

TO: Registration Se Division of Cor					
PIP PAIN, SUBJECT:	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.			: 20	
	Firm/Company				
	101 N Brand Blvd 11th Fl				
	Glendale, CA 91203				
		City/State and Zip Code		5	
	duane.campbell@jctblue.c			P(4)	
		to be used for future annual report notifi	cation)		
For further information of	oncorning this matter, please ca	all:			
Cheyenne Moseley		800 773-0888			
Name o	f Person		Telephone Number		
Enclosed is a check for th	ne following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

PIP PAIN, LLC						
(Name of the Limited (7)	Liability Compa V Florida Limited	iny as it now appears on our recor Liability Company)	<u>'ds.</u>)			
The Articles of Organization for this Limited Lia Florida document number 121000074065	bility Company	were filed on 02/12/2021		and assigr	ied	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liab	ility company here:	•			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LL	.C" or the abbrev	iation "L.L.C	- sc	
Enter new principal offices address, if applical	ble:	111 North Orange Avenue St	.c. 700	20		
(Principal office address MUST BE A STREET		Orlando, FL 32801		21 FA		
Enter new mailing address, if applicable:		III North Orange Avenue St	c. 700	Y 10 Pi	1	
(Mailing address MAY BE A POST OFFICE B	Orlando, FL 32801	Ĺ	·/ F	"Esas"		
B. If amending the registered agent and/o registered agent and/or the new registered offi			ds, enter the	name of	the ne	
Name of New Registered Agent:	Dunne Campbe	ell				
New Registered Office Address:	111 North Oran	nge Avenue Sie. 700 Enter Florida street addre	ecc.			
	Orlando	F	Torida <u>32801</u>			
		Ciņ	2	Up Code		

New Registered Agent's Signature, if changing Registered Agent:

Page: 4 of 6

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.

Duane Campbell

If Changing Registered Agent, Signature of New Registered Agent

LegalZoom.com, Inc.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	DUANE CAMPBELL	111 North Orange Avenue Stc.700 Orlando, FL 32801	
			Remove
			■ Change
AMBR	DELANO TAVARES	III North Orange Avenue Ste.700 Orlando, FL 3280!	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			O-⊼dd
			DIRemove
			Add
			Remove
			□ Change
			Remove
			Change
			Remove
			Change

06176383	Page: 6 of 6	2021-05-10 09:08:59 PDT	LegalZoom.com, Inc.	From: J
D. If amending any	other information, ente	er change(s) here: (Attach additiona	al sheets, if necessary.)	
				<u> </u>
				_
-				_
			<u></u>	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				_
			. 103	
			202	
				,
	-			_ \$500
				
- 24 .			7 10 F	
			<u> </u>	
(If an effective date is Note: If the date in	other than the date of f isted, the date must be specifi iserted in this block does i we date on the Department	ic and cannot be prior to date of filing or more not meet the applicable statutory filing r	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	605.0207 (3)(b) listed as the
If the record specif (b) The 90th day	fies a delayed effectivates after the record is file	ve date, but not an effective tim led.	ne, at 12:01 a.m. on the ea	orlier of:
Daled Age:	1 29			

Page 3 of 3

Duane Campbell

Filing Fee: \$25.00

Typed or printed name of signee