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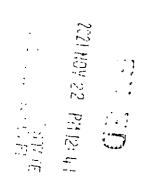
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| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | PAIN FREE MIAMILLC. Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: CARLOS CANTOS Name of Person Firm/Company 11211 SW 88 STREET B107 Address MIAMI,FLORIDA 33176 City/State and Zip Code E-mail address: (to be used for future annual report notification) In concerning this matter, please call: ANTOS at (| | |
| | Name of Limited Liability Company melosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: CARLOS CANTOS Name of Person Firm/Company 11211 SW 88 STREET B107 Address MIAMLFLORIDA 33176 City/State and Zip Code E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: CARLOS CANTOS at (| | | |
| | | | Firm/Company | Telephone Number □ \$60.00 Filing Fee, Certificate of Status & Certified Copy |
| | | 11211 | SW 88 STREET B107 | |
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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAIN FREE MIAMILLC. (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) SEPTEMBER 1,2021. The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000390605 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." 11211 SW 88 STREET Enter new principal offices address, if applicable: SUITE B107 (Principal office address MUST BE A STREET ADDRESS) MIAMLEL 33176 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.

City

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 |
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| | Signature of a member or authorized representative of a member | |
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Filing Fee: \$25.00