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PICK-UP	☐ WAIT	MAIL
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2022 JUL 25 PH 3: 41

## **COVER LETTER**

Div	ision of Cor	porations		
SU <b>BJECT</b> :		Pain & Specialty Group, LLC	,	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jonathan Gude		
			Name of Person	
		Transitional Pain & Specia	lty Group, LLC	
		•	Firm/Company	<del></del>
		4437 Tour Tree		
			Address	<del></del>
		Landolakes, FL 34638		
			City/State and Zip Code	
		JGude@TPSGMedical.com	to be used for future annual report not	(Rentian)
For further in	iformation co	oncerning this matter, please ea	•	
Jonathan Gu	de		813 495-5567	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≡</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address:	ation

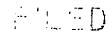
Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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



2022 JUL 25 PM 3: 41 Transitional Pain & Specialty Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALL ISS INDEED The Articles of Organization for this Limited Liability Company were filed on June 01, 2022 \_\_\_\_\_ and assigned Florida document number 1.22000250679 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: (Principal office address MUST BE A STREET ADDRESS) n/a 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: n/a Name of New Registered Agent: n/a 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Type of Action
AMBR	HASEEB HASHMI	10103 GARDEN RETREAT COURT	🗀 Add
		TAMPA, FL 33647	□Remove
		FROM MGR TO AMBR	<b>□</b> Change
AMBR	MAULIK BHALANI	1911 HAVEN BEND	
		TAMPA, FL 33613	□Remove
		FROM MGR TO AMBR	■ Change
AMBR	RUSSELL DEUTSCHER	12406 BERKELEY SQUARE DRIVE	<b>=</b> Add
		TAMPA, FL 33626	□Remove
			DChange
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Change

Effective date, if other than the date of filing:  07/19/2022  (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  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after rd is filed.  Dated  JULY 19TH  2022  Signature 01 a member or authorized representative of a member	f other than the date of filing:  07/19/2022 (optional)  s 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.  a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the		····		
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Signature of a member or authorized representative of a member	THAN GUDE	Jated		· ·	
Signature of a member or authorized representative of a member	THAN GUDE		$\langle \langle \rangle \langle \rangle \rangle$		
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Filing Fee: \$25.00