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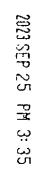
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COVER LETTER

Division of Corp	oorgtions	70	• <u>"</u>					
SUBJECT: NST C	l Things Pada	ast LLC +	•					
	Name of Lim	ited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspor	ndence concerning this matter	to the following:						
To: Registration Section Division of Corporations SUBJECT: MST & Things Packast 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: Casey SMHA Name of Person Sarasota Pain Treatment Center Firm/Company 5091 Houle Pl. Address Sarasota, Fl. 34232 City/State and Zip Code Mathed Hays & Amari Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Casey SMHA Name of Person at 1941 735 - 0205 Daytime Telephone Number Enclosed is a check for the following amount: \$\mathbb{E}\$ \$255.00 Filing Fee & Certificate of Status & Certificat								
		Name of Person						
	Sarasota 9	Pain Treatment Firm/Company	Center					
	, ,							
	5091 Houle	<u> </u>						
	Sarasoda,	FL 34232						
		City/State and Zip Code						
	E-mail address: (to be used for future annual report not	ification)					
For further information co								
Cose	Smil	941 . 725-	0305					
Name of	Person	Area Code Daytin	ne Telephone Number					
Enclosed is a check for the	e following amount:							
\$\overline{\mathbb{X}}\$\$ \$25.00 Filing Fee \$\overline{\mathbb{A}}\$\$		Certified Copy	Certificate of Status & Certified Copy					
Mailing Address Registration S		Street Address:	ection					
Division of Co		Registration Section Division of Corporations						
P.O. Box 6327	7		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NST & Things Pade	cast LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23</u> 000029514.	
This amendment is submitted to amend the following:	7023 SEF
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite B
	Sarasota, FL 34237 2389 Riveline Blud.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite B
	Sarasova, FL 34237
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Soda Pam Treatment Center
New Registered Office Address: 2389	Ring Ma Blud Suite B Enter Florida street address
_Sara	Soda , Florida 34237
New Registered Agent's Signature if changing Registered Agent	o zap cour

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sarasota Pam Treatment Center	2389 Ringling Blod.	X Add
		Suite B	□Remove
		Sarasota, FL 34237	Change
AP	Casey Smith	5091 Houle Pl.	
		Sarasota, FL 34232	⊠ Remove
			□Change
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