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COVER LETTER

	Registration Se Division of Cor						
SUBJEC	800 Pain, L	LC					
SOBJEC		Name of Lim	ited Liability Company				
			•				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		April R. Martindale, MBA	, Esq.				
		· · ·	Name of Person				
		Martindale Law					
		 -	Firm/Company				
	7771 W. Oakland Park Blvd., Suite 162						
			Address				
		Sunrise, FL 33351					
			City/State and Zip Code				
		April@MartindaleLaw.org					
Car foot	ifri		to be used for future annual report noti	ification)			
ror turut	er imormation co	oncerning this matter, please c	all;				
April R. Martindale, MBA, Esq.			954 636-6330 at ()				
Name of Person			Area Code Daytim	ne Telephone Number			
Enclosed	is a check for th	e following amount:					
≣ \$25.0	00 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)			
-	Mailing Addres Registration S		Street Address:	-Ai-a			
	Division of C		Registration Se Division of Cor				
1	P.O. Box 632	7	The Centre of T	•			
•	Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

800 PAIN, L.L.C (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company The Articles of Organization for this Limited Liability Company were filed on $\frac{01/27/2025}{}$ and assigned Florida document number _L25000045946 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 800 PAIN, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4001 NW 97th Avenue Enter new principal offices address, if applicable: Suite 203 (Principal office address MUST BE A STREET ADDRESS) Doral, Florida 33178 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>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr.	Manuel Diaz	1628 West 65th Street	■Add
			□Remove
		Hialeah, FL 33012	Change
Mgr.	Daniel Ruiz	6621 SW 116th Place	
		Unit G	□Remove
		Miami, FL 33173	Change
Mgr.	Elvis Chorens	961 Swan Avenue	□Add
			□Remove
		Miami Springs, FL 33166	≣ Change
			□Add
			□Remove
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