200000 22979

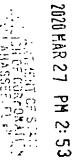
(Requ	estor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: PAIN MANAGEM	MENET CENTERS INC			
DOCUMENT NU	MBER: P20000022979				
	les of Amendment and fee are su	bmitted for filing			
Please return all co	rrespondence concerning this ma	itter to the following:			
	HENRIETTA MARTINEZ				
	- 11	Name of Contact Person	11		
	TOTAL MEDICAL MANAGEMENT LLC				
		Firm/ Company			
	9780 E INDIGO STREET SUITE 202				
		Address	,		
	PALMETTO BAY, FLORID	DA 33157			
		City/ State and Zip Cod	e		
	HENRIETTA@TMMINC.N	ET			
	E-mail address; (to be us	sed for future annual report	notification)		
For further informa	tion concerning this matter, pleas		252-9485		
Nan	ne of Contact Person	at (305 Area Co	de & Daytime Telephone Number		
	for the following amount made		·		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Б Р	Address Amendment Section Division of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

PAIN MANAGEMENT CENTERS INC

PAIN MANAGEMENT CENTERS INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	ent(s)
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	••
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-[]

) you'peq
D. If amonding the registered agent and/or registered office address in Florida, anter the name of the	}
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	اعدا
in the second se	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	
Signature of New Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.	
in the unendmental is are being into pursuant to s. vor.o.120 (11) (c), 1.3.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

 $P \sim President; \ V \sim Vice \ President; \ F \sim Treasurer; \ S \sim Secretary; \ D \sim Director; \ TR \sim Trustee; \ C \sim Chairman or Clerk; \ CEO \sim Chief \ Executive Officer; \ CFO \sim Chief \ Financial Officer. \ If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Evample: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	ST	HENRIETTTA MARTINEZ	9780 E INDIGO STREET #202
Add			PALMETTO BAY, FL 33157
Remove			
2) Change	Р	YENISEI GONZALEZ	14411 SW 22nd TER
X Add			MIAMI, FL 33175-6335
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>11 at</u> (Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
(,	
. If a	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pre	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NeA)
	(if not applicable, indicate NeA)
	

The date of each amendment(s) add date this document was signed.	option:	, if other than
Effective date <u>if applicable</u> :		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the an ficient for approval.	nendment(s)
	oved by the shareholders through voting groups. The follow, each voting group entitled to vote separately on the amendme	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
I	IENRIETTA MARTINEZ	
-	(Typed or printed name of person signing)	
Ş	SECRETARY/TREASURER	
-	(Title of person signing)	*******

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