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(Requestor's Name)
(Address)
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(City(Chate (7) - (Dhara - 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
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7021 SEP 13 PH 4: 1

COVER LETTER

	istration Se ision of Cor			•		
CHD IFCT.		namics Primary Care LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Anticles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	endence concerning this matter	to the following:			
		Jacqueline Quiroga				
			Name of Person			
		ZenBusiness INC				
		.=	Firm/Company			
		5511 Parkerest Drive STE	103			
			Address			
		Austin, Texas, 78731				
			City/State and Zip Code			
		fulfillment@zenbusiness.cc	om to be used for future annual report not	tification)		
For further in	nformation c	oncerning this matter, please ca				
Jacqueline Ç)uiroga c/o Z	ZenBusiness INC	844 493-6249			
	Name o	f Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	filing Fee	S30.00 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)		
	iling Addres		Street Address:			
	gistration S vision of C	Section Corporations	Registration So Division of Co			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 13 PM 4: 18

Ageless Dynamics Primary Care LLC	SECRE	TARY OF STATE		
Ageless Dynamics Primary Care LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records A; Liability Company)	IASSEE, PEGA		
he Articles of Organization for this Limited Liability Company				
orida document number L21000361254				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:	9200 Northwest 39th Avenue			
Principal office address MUST BE A STREET ADDRESS)	Ste 130-3170			
	Gainesville, FL 32606			
Enter new mailing address, if applicable:	9200 Northwest 39th Avenue			
Mailing address MAY BE A POST OFFICE BOX)	Ste 130-3170			
	Gainesville, FL 32606			
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new regist		
New Registered Office Address:				
	Enter Florida street address			
	Florid	ia		
	City	Zip Code		

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.

If Changing Registered	l Agent, Signature of New	Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
•			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Remove
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			□Change

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