# 121000489462

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2024 OCT 29 AH II: 54 SECRETARY OF STATE TALLAHASSEE, FL

## Primal Physical Therapy and Wellness

9263 SW 136 Street Circle Miami, Florida 33176 305.491.4007 Aguillen17@gmail.com

October 23, 2024

Florida Department of State Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment - L21000489462

To whom it may concern,

Enclosed please find Articles of Amendment to Articles of Organization of Primal Physical Therapy LLC. Please contact the undersigned should you have any questions.

Regards.

Regards,

Encls.

#### **COVER LETTER**

Division of Cor	porations				
	sical Therapy LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alexandria J. Guillen				
Name of Person					
	Primal Physical Therapy				
9263 SW 136 Street Circle					
		Address			
Miami, Florida 33176				<i>(n</i>	
	aguillen l 7@gmail.com	City/State and Zip Code		PRA OC' SECRE	~~}
For further information of	E-mail address: (	to be used for future annual report notifica	tion)	2024 OCT 29 AMII: 54 SECRETARY OF STATE TALLAHASSEE, FL	
Alexandria J. Guillen	·	305 491-4007 at ()		MII: 5 OF STA	Ţ
Name o	of Person	Area Code Daytime To	elephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified			of Status &	
Mailing Addre	55:	Street Address:	on.		

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

Primal Physical Therapy LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	vany were filed on November 15, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Primal Physical Therapy and Wellness LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	52	
(Principal office address MUST BE A STREET ADDRESS)  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 agent and/or the new registered office address here:	ice address on our records, <u>enter the nar</u>	11.0
		FATE PATE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 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>	Address	Type of Action
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the control of the co	is block does not r	neet the applicab	date of filing or mor le statutory filing	e than 90 days after frequirements, this	iling.) Pursuant to 60	5.0207 ( ted as t
the record specifies a delayed efficord is filed.	ective date, but not	an effective time	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	er the
Dated October 15	——————————————————————————————————————	2024	. •			
	My	Welle				
<del> </del>	Agnature of a	ne nber or authori:	zed representative o	f a member		

Filing Fee: \$25.00