

L24000 008751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

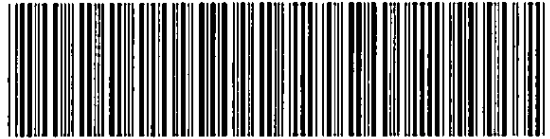
(Business Entity Name)

(Document Number)

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02/21/24--01024--015 **25.00

2024 FEB 21 5:4:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESSENTIAL THERAPY AND TECHNICAL CENTER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EZEQUIEL VALDES GONZALEZ
Name of Person
ESSENTIAL THERAPY AND TECHNICAL CENTER LLC
Firm/Company
4255 73RD AVE NORTH SUITE F
Address
PINELLA PARK
City/State and Zip Code
AMEDICALZ.FL@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

EZEQUIEL VALDES GONZALEZ 813 550-2197
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- \$25.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 FEB 21 PM 4:01

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

ESSENTIAL THERAPY AND TECHNICAL CENTER LLC

(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 01/01/2024 and assigned Florida document number L24000008751.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

_____ RECEIVED 21 FEB 2024 11:41:01

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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	VALDES GONZALEZ, EZEQUIEL	8313 SOLANO BAY LOOP APT 1535	<input type="checkbox"/> Add
		TAMPA, FL 33635	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALONSO, JORGE	6606 REEF CIRCLE	<input type="checkbox"/> Add
		TAMPA, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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