## L21000318926

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Dx	ocument Number)	
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## **COVER LETTER**

Division of Co	rporations		
AFILS-M			
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher A Wilson		
	- Christopher A Witson		
		Name of Person	
		Firm/Company	
	740 4th Street North #172		
		Address	
	St Petersburg FL 33701		
		City/State and Zip Code	
	chris@empowerrecovery.ne		
	E-mail address: (	to be used for future annual report not	tification)
For further information of	concerning this matter, please ca	all:	
Christopher A Wilson		626 318-0625 at ()	
Name c	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u>		Street Address:	
Registration Section		Registration Section	
Division of C	•	Division of Co	
P.O. Box 632	4.7	The Centre of	ramanassee

Tallahassee, FL 32314

3. ...

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFJLS-M7 LLC		
(Name of the Limited 1	Jiability Company as it now appears on our Florida Limited Liability Company)	records.)
(// 1	Aorida Cillined Liaolity Company)	22
The Articles of Organization for this Limited Liabil	lity Company were filed on July 12, 20	21 and assigned
Florida document number L21000318826		85 50 85 50 85 50
	<del></del>	iri,
This amendment is submitted to amend the following	ng;	P
A. If amending name, enter the new name of the	e limited liability company here:	CRID 100 <b>5:</b> 4:
Emend Health Company (FL) LLC		75 01
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.		
iprairing duaress MAT DI. AT OST OTTICE DO.	<u></u>	
B. If amending the registered agent and/or regis	stored office address on our records	enter the name of the new registeres
agent and/or the new registered office address h		enter the name of the new registeree
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	Llune
	Emer r toriaa siree	TIGHT CON
-	<u> </u>	, 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, enter the title, name, and address of each person being added or removed from our records:

or remov	ea from our records:		
MGR =	Manager		
AMBR =	· Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			LJAdd
			□Remove
			□Change
	<del></del>		(DAdd
			LIRemove
		<del></del>	□Change
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Note: If the date inserted in thi	the date of filing:	nents, this date will not be list	5.0207 (3)(b) ted as the
If the record specifies a delayed efferecord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earl	lier of: (b) The 90th day afte	er the
			2022
Dated July 18	. 2022	1E)	
Altal	lA Ulla-	0) (0) (1)	EULED ML 20 PM
	Signature of a member or authorized representative of a memb	er S	2022 JUL 20 PM 5: 46
Christopher A Wilso		0 22 22	
<del></del>	Typed or printed name of signee		' ō

Filing Fee: \$25.00