

L11000079518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

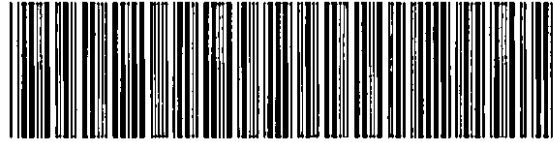
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
N/C

SEP 02 2021
D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2021

TONI ARQUILLA
13801 WALSINGHAM RD STE A-157
LARGO, FL 33774-3237

SUBJECT: TLC STRESS-RELIEF CENTERS, LLC
Ref. Number: L11000079518

We have received your document for TLC STRESS-RELIEF CENTERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 321A00008000

RECEIVED

2021 MAY 20 AM 8:57

Division of Corporations

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

TLC Stress Relief Centers 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 07/11/2011 and assigned
Florida document number L11000079518.

This amendment is submitted to amend the following:

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

TLC Centers LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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>
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Case	Initial	Final	Operation
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
10			<input type="checkbox"/> Add
11			<input type="checkbox"/> Remove
12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2-2, 2021

MO Mouni - Atee
Typed or printed name of signer