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A EUTLER
JAN 10 2023

COVER LETTER

, **ṬO**:

Registration Section Division of Corporations

SUBJECT:	AMERICAN S	TRENGTHS CE	TER LLC						
Sobale.		Na	me of Limit	ed Liability Co	ompany				
The enclosed	Articles of An	endment and fee	s) are subn	nitted for filin	ıg.				
Please return	all corresponde	ence concerning t	his matter to	the following	ng:				
		Kristi L. Caterso	n						
				Name of	Person				
·		AMERICAN ST	RENGTHS	CENTER L	LC				
				Fimi/Co	mpany				
		5668 Fishhawk	Crossing Bl	vd #106					
				Addr	ess	•			
		Lithia, FL 33547	,						
				City/State and	d Zip Code				
	i	nfo@amercianstr	-						
		E-mai	l address: (to	be used for fu	iture annual n	eport notifica	ition)		
For further in	formation conc	erning this matter	r, please cal	l:					
Kristi L. Cate	erson			81. ³ at (-1473			
Name of Person			Area	i Code	Daytime T	elepho	ne Number		
Enclosed is a	check for the fe	ollowing amount							
□ \$25,00 F	iling Fee i	□ \$30,00 Filing I Certificate of		Centific	Filing Fee & ed Copy al copy is enck			\$60,00 Filing Certificate of Certified Co (additional cop	f Status & py
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division The Cen 2415 N.	tion Section of Corporter of Tall	ratioi lahas: Street			

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

AMERICAN STRENGTHS DENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

any were filed on 01/21/2015	and assigned
iability company here:	
iability Company," the designation "LLC"	or the abbreviation "L.L.C."
····	
<u> </u>	
American Strengths Center	
	106
Lithia, FL 33547	
ce address on our records, <u>enter tl</u>	he name of the new register
terson	
Enter Florida street address	
	••
Flor	ehin
<u> </u>	American Strengths Center 5668 Fishhawk Crossing Blvd # Lithia, FL 33547 See address on our records, enter the enterson

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 ds 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	rized to manage,	enter the title,	name, and	address of eacl	n person	being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Dr. John E Caterson	_	16205 Ternglade Drive, Lithia Florida 33547	□Add
				Remove
				□Change
				□Add
				□Remove
				□Change
		_		□Add
				□Remove
				□Change
***		_		□Add
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				□Change
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				□Remove
				□Change
				□Add
				□Remove
				□Change

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D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
-	
E. Effective date, if other than the date	of filing: (optional)
 (If an effective date is listed, the date must be spe 	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
If the record specifies a delayed effective date, record is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 9	2022
1/	
The	x cares
Signat	are of a member or authorized representative of a member
Kristi L. Caterson	
	Typed or printed name of signee