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Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	06/20/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference #:	2407625	
Entity Name:	CORVEE PRACTICE	DEVELOPMENT, LLC
☐ Article	es of Incorporation/Authorization to I	ransact Business
✓ Amen	ndment	
Chan	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other	<u> </u>	
Authorized A	mount: <b>\$25.00</b>	
Signature:	Cruyunt Ra-	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I2000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	06/20/2024	(850) 202-1882
	Cheyanne Dav	<u>is</u>
Reference	2407625	<del></del>
Entity Nan	ne: CORVEE P	RACTICE DEVELOPMENT, LLC
	·	norization to Transact Business
	endment	
☐ Ch	ange of Agent	
Re	instatement	
Co	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
☐ Oth	ner	
Authorize	d Amount: <b>\$2</b>	5.00
Signature	Chapane Re	

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TO:

Registration Section

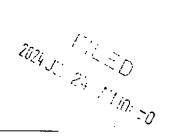
Tallahassee, FL 32314

Div	ision of Cor	porations			
CUBILICT.		PRACTICE DEVELOPMENT.	. LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ondence concerning this matter	to the following:		
		KATIE CHRISTNER			
		-	Name of Person		
		DUGGAN BERTSCH, LL	.C		
		<del></del>	Firm/Company		
		303 W. MADISON STRE	ET, SUITE 1000		
			Address		
		CHICAGO, ILLINOIS 60	606		
			City/State and Zip Code		
		DLITTWIN@DUGGANBI			
		E-mail address: (	to be used for future annual	report notific	ation)
For further is	nformation c	oncerning this matter, please co	all:		
KATIE CH	RISTNER		at () 26	53-8600	
	Name o	f Person	Area Code	Daytime 1	elephone Number
Enclosed is	a check for th	he following amount:			
<b>■</b> \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	uiling Addres		Street A		ion
	gistration S vision of C	Section Torporations		ration Section of Corpo	
	D. Box 632			entre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### DocuSign Envelope ID: F3A1F5C8-D195-456C-BF34-AD35DD92152B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



#### CORVEE PRACTICE DEVELOPMENT, 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 APRIL 19, 2016	and assigned
Florida document number L16000076820		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "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)	<del></del>	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the nam	e of the new registered
Name Descriptor of Officer Addresses		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or.	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: F3A1F5C8-D195-456C-BF34-AD35DD92152B ri amenung Authorized rerson(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>	Type of Action
MGR	ANDREW ARGUE	777 S. FLAGLER DRIVE	□Add
		SUITE 800 - WEST TOWER	≣Remove
		WEST PALM BEACH, FLORIDA 33401	□Change
MGR	INSTEAD HOLDINGS, LLC	3801 PGA BOULEVARD, SUITE 600	■Add
		PALM BEACH GARDENS, FLORIDA 33410	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			<del> </del>	<del></del>	
<u></u>					
Effective date, if other than the date of filir	1g:			(optional	l)
Effective date, if other than the date of filir (If an effective date is listed, the date must be specific an Note: If the date inserted in this block does not document's effective date on the Department of	nd cannot be prior to meet the applica	ble statutory	or more than 90 filing require	0 days after filing	g.) Pursuant to 605.0
e record specifies a delayed effective date, but no ord is filed.	ot an effective tin	ne, at 12:01 a	a.m. on the ea	arlier of: (b) T	The 90th day after
Dated JUNE 19	2024	_·			
andrew argue Simpure of a	member or author	dual serves		AL	
5 Signature of a	memoer or author	izeu represent	cauve of a mem	wer	

Filing Fee: \$25.00

## DocuSign Envelope ID: F3A1F5C8-D195-456C-BF34-AD35DD921528 COVER LETTER

TO:

Registration Section Division of Corporations

CORVEE PRACTICE DEVELOPMENT, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KATIE CHRISTNER Name of Person DUGGAN BERTSCH, LLC Firm/Company 303 W. MADISON STREET, SUITE 1000 Address CHICAGO, ILLINOIS 60606 City/State and Zip Code DLITTWIN@DUGGANBERTSCH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATIE CHRISTNER 263-8600 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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