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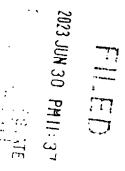
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(Document Number)	_
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7/11/23 VLM



## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Refresh Hypnot Name of Limit	The copy and Clinical and Clinical Liability Company	<u>1 Servi</u> ces
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Kristie	Name of Person	
	Refres	h Hypnotherapy and Firm/Company	1 Charal Services
	880 Mandalay	Avc. STE \$302 Address	
	Clearwater, F	City/State and Zip Code	
	Kasha Kh E-mail address: (10	cc Q sahoo, com  be used for future annual report notifica	ution)
For further information	n concerning this matter, please ca	II:	
Krishe	Klice e of Person	at (407) SOB-546 Area Code Daytime T	elephone Number
Enclosed is a check for	r 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 Addi Registration	n Section	Street Address: Registration Secti	
DIVISION OF	Corporations	Division of Corpo	панулю

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Refresh Hypnotherapy Cury Clancal Services
(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 \_\_\_\_05/09/2016 Florida document number LICOGOGGOOGY 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 abbreviated "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) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Address	Type of Action
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			□Remove
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			□Change

. 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	03-09-2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Kristie Klice Typed or printed name of signee