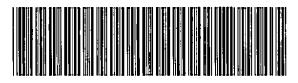
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
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R. WHIE FB18 CD

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: CULTACY Therapy IC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
RICHARD Dadeo Name of Person
Cullary Therapy 11C Firm/Company
4058 Wedge wood Lane
The VIII ages Plor, d. 32162- City/State and Zip Code
City/State and Zip Code CICK dadeo @ AOL. COM E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Richard Dedeo at (352) 430 9965 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

•	-
Culinary Thorapy	2019 FEB 11 PM 2: 09
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records:) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L/7600029020}{}$	were filed on $02/06/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>)	The Villages F1 32162
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4058 Wedgewood Lane The Villages Pl. 32162
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Chad Dadeo 58 Wedgewood Lone Enter Florida street address
New Registered Office Address: 40	58 Wedgewood Lone Enter Florida street address
The V	//(ase) , Florida 32/62
New Registered Agent's Signature, if changing Registered Agent:	any series

New Registered Agent's Signature, it 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

Page Yof 3

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
MGR	Richard Dades	400 Oak Hammoch Poth	
		The Villages Florida 3216	7 □ Remove
			Change
Mb/L	Dadeo Brand Holdings 11c	4313 E CP. 466 Suite 203	
		Oxford P1 34484	Remove
			Change
			Add
			Remove
			🗆 Change
	- 		□ Add
		<u>. </u>	Remove
		 	🗆 Change
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f an eff <u>Vote:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	02/02 12019
	Signature of a member or authorized representative of a member
	Richard Dadeo

D.

E.

Page 3 of 3

Filing Fee: \$25.00