L17000099654

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Q. SILAS	
OCT 20 2021	.



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10/21/21-+01005--005 **25.00

2021 OCT 20 AM IO: 18

Office Use Only



2021 CCT 20 77:10:53

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2021

ENERGETIC THERAPIES, LLC 1541 FOREST GLEN COURT PALM HARBOR, FL 34683

SUBJECT: ENERGETIC THERAPIES, LLC

Ref. Number: L17000099654

We have received your document for ENERGETIC THERAPIES, 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.

In order to change your name from "Alana Nerad" to "Alana Lombardi", please complete the enclosed Amendment form. The fee to file you document is \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00024223

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Energetic Ther	spies Lic		
	U Name of Limit	ed Liability Company		
	mendment and fee(s) are subn			
Please return all correspond	dence concerning this matter to	o the following:		
	Alar	Name of Person	·	
		Firm/Company		
	1541	FOVEST GLES G		
	Palm	Haivar, FC 3468 City/State and Zip Code	-3	
		o be used for future annual report notifi	eation)	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For further information co	ncerning this matter, please ca		•	
Mame of	Person Person	at (127) 534 Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
SS25.00 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 Address		Street Address: Registration Sec	ction	
Registration Section Division of Corporations		Division of Corporations		
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

FILED

Energetic Therapics LL 2021 OCT 20 AM 10: 18
(Name of the Limited Liability Company as it now appears on our records): 1.13. U.F. S. [All.] (A Florida Limited Liability Company) TALL A CAPPENT
The Articles of Organization for this Limited Liability Company were filed on 5/04/7017 and assigned
Florida document number 1.17000099654.
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 "L.L.C" 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) ———————————————————————————————————
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida 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 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
46R	Algra Long bardi	1541 Forest 66m Cf	Platkace PC DAdd
			□Remove
			⊠ Change
			□Remove
			☐ Change
			DAdd
		□Remove	
			□Change
			□Add
			□Remove
			Change
			□Add
			Change
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated / / / / / ZOZ / Olle La
Aga Compardi Typed or printed name of signee

---- -- 635.00