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SECRETABLE SERVE

COVER LETTER

TO: Registration Section Division of Corpora	n ations	/)	
SU BJECT :	Name of Limite	Mediation d Liability Company	clinic LCC	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
		Sigalit Per		
		Firm/Company		
	11 Snowy	Owl Terrac	9	-
	planta	Address Activity State and Zip Code City/State and Zip Code	3324	
-	Dr	City/State and Zip Code 1 'Quit (a) G me to be used for future annual report notif	ail, com	AR LE
For further information conc	cerning this matter, please cal	N:		
Si'Gall'.	1 0 1	at (954) 865 Area Code Daytime	C Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 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:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 5top Ma	ediation clinic LCC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $42-3136748$.	were filed on $10-19-2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Owling The new name must be distinguishable and contain the words "Limited Liability".	solution Margament
Enter new principal offices address, if applicable:	SE 202
(Principal office address MUST BE A STREET ADDRESS)) CUMP SATE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same to France
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	W/A
	Enter Florida street address
	, Florida City 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 addedor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
		AHI SEE	□ Change
		्या (वे (८)	— □ Remove
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(optional)
(optional) c of filing or more than 90 days after filing.) Pursuant to tatutory filing requirements, this date will not be

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