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COVER LETTER

Division of Cor	porations				
SUBJECT:	Jemiere Alex	equite Mare Clini	ار درز		
	Name of Lim	ited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	a elocicio	Name of Person			
	· ·	Name of Person			
		Firm/Company			
	214 Pa	sadona Ave S			
		Sactona Ave S.			
	5+ Pub	we bus II	3 7 7 7		
		City/State and Zip Code			
	rebeccas	いいのへこのC.C. 色 らい to be used for future annual report notific	radicons		427.5
			cation)	20 T	: }
For further information ec	oncerning this matter, please ca	all:		CD CD	ा निष् 10 जन्म
Rebecca	Gibbens	at (<u>\$ 7.55</u>) <u>4 2 4 - 6</u> Area Code Daytine	400 A	= ====================================	27K
Name of	Person	Area Code Daytime	Telephone Number	Z Z	
				2: 05	112
Enclosed is a check for th	e following amount:			ĬĬ.	<u>Š</u> u
≥ \$ 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)		•

TO:

Registration Section

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

ACKIEVE ACCEPTION (Name of the Limited	ny as it now appears on our reliability Company)	ric Lic = So
The Articles of Organization for this Limited Liability Company Florida document number LNS 000099606. This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
Achieve Acupuncture The new name must be distinguishable and contain the words "Limited Liabili	+ Integration Company," the designation	TLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	701 Ham St. Peters	Street N.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	701 49th St. Peters	Street N. burg FC 33710
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

Title			
THIC	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Rепюче
			Change
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		_	Петюvе
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			□Remove
			□Change
			□Add

_____ □ Remove

_____ Change

Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
) The	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_	Rebecca J. G. bk., n.S. Typed or printed name of signee
	Rebuca J. Abbure
	Signature of a member or authorized representative of a member
	Kebecca J. Gubbans

Page 3 of 3

Filing Fee: \$25.00