118000110099

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600414464486

08/28/23--01012--016 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION

Y. SCOTT SEP 19:723

COVER LETTER

| TO: | Registration S Division of Co | | | | | | | |
|-------------|----------------------------------|--|--|---------------------|---|---|--|--|
| SUBJEC | LAUREN | HEDENSCHOUG, D.O., LLC | | | | | | |
| .,(,1),(1), | | Name of Limited Liability Company | | | | | | |
| The encl | losed Articles e | of Amendment and fee(s) are sub | omitted for filing. | | | | | |
| Please re | eturn all corresp | ondence concerning this matter | to the following: | | | | | |
| | | Lauren Owenby | | | | | | |
| | | | Name of Person | , | | | | |
| | | Firm/Company | | | | | | |
| | | 430 Cardinal Ave. | | | | SECRETARY OF STATE STATE OF CORPORATIONS 2023 AUG 28 PM 3: 11 | | |
| | | | Address | | | 2 90 S | | |
| | | Fort Walton Beach, FL 32 | 548 | | | CCRPOR | | |
| | | lhedenschoug@hotmail.cor | City/State and Zip Code | | | 4 3: - | | |
| | | E-mail address: (| to be used for future annual | report notification | 1) | - 3 | | |
| For furth | ner information | concerning this matter, please c | all: | | | | | |
| Lauren (| Owenby | | 815 95 | 3-3607 | | | | |
| | Name | of Person | Area Code | Daytime Telep | phone Number | | | |
| Enclosed | d is a check for | the following amount: | | | | | | |
| \$25. | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee of Certified Copy (additional copy is end | | S60 00 Filing Certificate of Certified Co (additional co) | of Status & | | |
| | MAI | LING ADDRESS: | STREE | T/COURIER A | DDRESS: | | | |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LAUREN HEDENSCHOUG, D.C | D., LLC | |
|--|--|--|
| (Name of the Lim | ited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited I lorida document number | Liability Company were filed on 05/0 | 02/2018 and assigned |
| his amendment is submitted to amend the fol | lowing: | |
| a. If amending name, enter the new name of | of the limited liability company her | <u>e</u> : |
| lauren Owenby D.O., LLC | | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | | ~ 0 |
| rmcipiii opice ilitaress WOST BE A STRE | <u> </u> | \$5 2023 |
| | | |
| | | FI G 2 |
| inter new mailing address, if applicable: | | <u> </u> |
| <u> Mailing address MAY BE A POST OFFICE</u> | <u></u> | |
| | | မှ မြို့ |
| | | _ om |
| 3. If amending the registered agent and egistered agent and/or the new registered of | | our records, enter the name of the |
| Name of New Registered Agent: | Lauren Owenby | |
| New Registered Office Address: | 430 Cardinal Ave. | |
| | Enter Flori | da street address |
| | Fort Walton Beach | |
| | 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 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-----------------------------|---|
| AMBR | Lauren Hedenschoug | 430 Cardinal Ave. | |
| | | Fort Walton Beach, FL 32548 | |
| | | | ■ Remove |
| | | | Change |
| AMBR | Lauren Owenby | 430 Cardinal Ave. | - |
| | | Fort Walton Beach, FL 32548 | ■ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | SEERE FIRE DIVISM OF 50 2023 NUC 28 |
| | | | PH 3: |
| | | | ☐ OM 77 ☐ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | |

| | |
|--|--|
| | |
| | |
| | |
| | 2014 |
| | SECRE ISSUM 23 AU |
| | G 28 |
| | P# P |
| | —————————————————————————————————————— |
| | — <u>— — — — — — — — — — — — — — — — — — </u> |
| Effective date, if other than the date of filing: | (optional) |
| fan effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | or more than 90 days after filing.) Pursuant to 605,0207 |
| ne record specifies a delayed effective date, but not an effecti The 90th day after the record is filed. | ve time, at 12:01 a.m. on the earlier of |
| Dated August 22 | |
| | |
| Signature of a member or authorized represent | Nive of a member |
| Lauren Owenby | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00