

L19000006522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

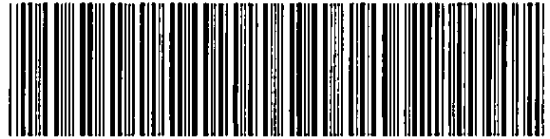
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

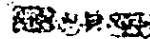
Office Use Only



600406550646

04/14/23--01027--001 **25.00

FILED
APR 14 2023
CLERK OF STATE
TALLAHASSEE, FL



R. HUNT

04/14/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Professional Lymphatic Therapy, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura M Turley

Name of Person

Firm/Company

6320 92nd Place N #2604

Address

Pinellas Park, FL 33782

City/State and Zip Code

ProfessionalLymphaticTherapy@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
MAR 14 PM 12:36
TALLAHASSEE, FL
CLERK OF STATE

For further information concerning this matter, please call:

Laura Turley

727
at ()

492 0060

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Professional Lymphatic Therapy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 4, 2019 and assigned
Florida document number L19000006522.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Professional Lymphatic Therapy and Colonics, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9731-B US Hwy 19 N

(Principal office address MUST BE A STREET ADDRESS)

Pinellas Park, FL 33782

Enter new mailing address, if applicable:

Laura Turley

(Mailing address MAY BE A POST OFFICE BOX)

6320 92nd Place N #2604

Pinellas Park, FL 33782

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2023
MAR 14 PM 12:36
FLORIDA STATE
ARCHIVE, FL

2023-03-14 PM 12:36
HARRY S. STATE
LABORERS' HALL

ED
MAR 14 PM 12:36
CLERK OF STATE
TALLAHASSEE, FL

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Filing Fee: \$25.00