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STAN STAN

R. HUNT 04/14/23

## **COVER LETTER**

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CUD IF CYP.		d Lymphatic Therapy, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Laura M Turley					
			Name of Person				
			Firm/Company			~ ; ;;;	
		6320 92nd Place N #2604		•,	- : '	: تہ	
			Address		1145 1344	<del>_</del>	
		Pinellas Park, FL 33782		'. ! !	기() 기()	21 Hd	(
		ProfessionalLymphaticThe	City/State and Zip Code		TAIN MAIN	13 14 PH12: 36	
		• •	to be used for future annual report not	ification)	1		
For further	information c	oncerning this matter, please c	all:				
Laura Turle	еỳ		727 492 0060				
	Name o	f Person		ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
<b>■ \$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filir Certificate Certified C (additional co	of Statu		
	ailing Addres		Street Address: Registration Se	ection			
Di	ivision of C	orporations	Division of Cor	rporations			
	O. Box 632 illahassee, l		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810	0		

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 "LLC." 9731-B US Hwy 19 N Enter new principal offices address, if applicable: Pinellas Park, FL 33782 (Principal office address MUST BE A STREET ADDRESS) Laura Turley Enter new mailing address, if applicable: 6320 92nd Place N #2604 (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

, Florida \_

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>	Name	Address	Type of Action
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Filing Fee: \$25.00