## L190000 15919

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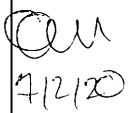
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## **COVER LETTER**

TO: Registration So Division of Con			•
	WERING YOU, VIVIEN'S HYP	NOTHERAPY, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
		Vivien Murphy, ARNP	
		Name of Person	
	EMPOWERING Y	OU, Vivien Murphy ARNP, Hy	pnotherapy, LLC
	<del> </del>	Firm/Company	
		P.O. Box 303	
		Address	
		ALACHUA, FL 32616	
		City/State and Zip Code	
	•	vivienmurphy@msn.com	
	E-mail address: (to	be used for future annual report no	otification)
For further information of	concerning this matter, please cal	11:	
Ryan King		352 219 - 535	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	-	Division of Co	-
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 26

FILED

2010 JUN -8 PM 5: 31

EMPOWE	RING YOU, VIVIEN	S HYPNOTHERA	PY, LLĆ	
(Name of the Lim	i <mark>ited Liability Company</mark> (A Florida Limited Lia	y as it now appears ibility Company)	on pur records.	ATEUN.
The Articles of Organization for this Limited 1		vere filed on	03/18/2019	and assigned
Florida document numberL1900007597				
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabili	ity company her	<u>e</u> :	
EMPOWERING YOU, Vivien Murphy, APRN			<u></u>	
The new name must be distinguishable and contain the	words "Limited Liability		ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	<u>(ET ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		ldress on our rec	ords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
-		Enter Florid	a street address	
			, Florida	
		City		Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			🖸 Add
		•	□Remove
			□Change
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(If an effec Note: If	te date, if other than the attive date is listed, the date must fithe date inserted in this bloom's effective date on the De	be specific and cannot be ck does not meet the a	pplicable statut	iling or more than 9		
ne record ord is filed	specifies a delayed effective d.	date, but not an effect	live time, at 12:	01 a.m. on the ea	urlier of: (b) The	90th day after the
Dated _	MAY 27	202	0			
		Vivien 1	Juph	<b>^</b>	.hv	
	•	signature of a member or	'	sentative of a men	mer	
			P. MURPHY, .			

Filing Fee: \$25.00