

L19000 226 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

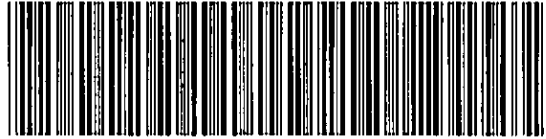
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 NOV 20 AM 9:41

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DEC 18 2019

COVER LETTER

We also want to change
this from a PLLC into an LLC.
Please tell us the process if
something more is needed.

TO: Registration Section
Division of Corporations

SUBJECT: POSTUREMOMSIH, PLLC
Name of Limited Liability Company

There is no
answer at your
phone #
850-245-6051.

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

Please return all correspondence concerning this matter to the following:

David VanWanzele

POSTUREMOMSIH, LLC
Name of Person

Firm Company

700 Bayou Boulevard South

Address

Saint Petersburg, FL 33705

City/State and Zip Code

VanWanzeleD@gmail.com

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

For further information concerning this matter, please call:

David VanWanzele at (727) 278-0168
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POSTUREMOMSIE, PLLC

(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 9/6/2019 and assigned Florida document number L19000226006.

This amendment is submitted to amend the following:

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

POSTUREMOMSIE, 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:

(Principal office address MUST BE A STREET ADDRESS)

700 Bayou Boulevard South

Saint Petersburg, FL 33705

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 Bayou Boulevard South

Saint Petersburg, FL 33705

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:

David W VanWanzele

New Registered Office Address:

700 Bayou Boulevard South

Enter Florida street address

Saint Petersburg

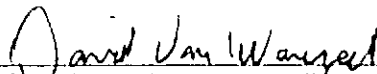
Florida 33705

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>
MGR	Lemi S VanWanzeele	700 Bayou Boulevard South, Saint Petersburg, FL 33705	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lemi S VanWanzeele	3346 49th Street N, Suite 104, Saint Petersburg, FL, US 33710	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David W VanWanzeele	700 Bayou Boulevard South, Saint Petersburg, FL 33705	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David W VanWanzeele	3346 49th Street N, Suite 104, Saint Petersburg, FL, US 33710	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III

Our purpose is to provide health care consultation services.

E. Effective date, if other than the date of filing: _____ (optional)

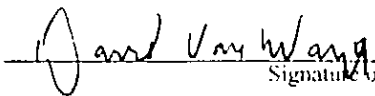
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 15 2019



Signature of a member or authorized representative of a member

David VanWanzele

Typed or printed name of signee