# L20000070002

(Re	equestor's Name)	<del></del>
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## **COVER LETTER**

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TO: Registration Se Division of Cor	
SUBJECT:	Vasculaire PEMF The rapy LLC Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	endence concerning this matter to the following:
	Theresa Bridie
	Firm/Company  (5) S S S S S O N O
	Address
	City/State and Zip/Code  City/State and Zip/Code  Terror Residue annual report notification)  E-mail address: (to be used for future annual report notification)
For further information of	oncerning this matter, please call:
Terry	Person at (407) 353-4792  Area Code Daytime Telephone Number
Validat Enclosed is a check for the	ion number 050720 01005 029 refollowing amount: Alkeady sentin and coshed.
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  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

RECEIVED

JUN 8 2020



June 11, 2020

THERESA BRIDIE 628 E. SILVER STAR ROAD OCOEE, FL 34761

SUBJECT: VASCULAR PEMF THERAPY, LLC

Ref. Number: L20000070002

We have received your document for VASCULAR PEMF THERAPY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You failed to make the correction(s) requested in our previous letter.

The \$25.00 you submitted with the first document was used to file the Dissociation for Danielle.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00011571



May 27, 2020

THERESA BRIDIE 628 E SILVER STAR ROAD OCOEE, FL 34761

SUBJECT: VASCULAR PEMF THERAPY, LLC

Ref. Number: L20000070002

We have received your document for VASCULAR PEMF THERAPY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00010559

Claretha Golden Regulatory Specialist II



May 11, 2020

THERESA BRIDIE 628 E SILVER STAR RD OCOEE, FL 34761

SUBJECT: VASCULAR PEMF THERAPY, LLC

Ref. Number: L20000070002

We have received your document for VASCULAR PEMF THERAPY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00009587

Terri J Schroeder Regulatory Specialist III

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT
$\mathbf{TO}$
ARTICLES OF ORGANIZATION
<b>OF</b>
Vascular Fem Therapy Lies  (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 313120 and assigned
Florida document number L2000070002
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
EMET FIOTAGE SIEET GAATESS
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 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 Address Type of Action Title Name AMBR Theresa Bridie 628 E. Silver Starked Midd Ococe, FL 3476/ \_\_ Remove MGR Darielle Bidie Wild Same DAdd MGR Rachael Bridge Crookston DAdd \_\_\_\_\_ □Change \_\_\_\_ □Change □ Remove

\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_ (optional) E. Effective date, if other than the date of filing: (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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00