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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vascular PEMF 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:
Davielle Bridie Wild. Name of Person
Firm/Company
628 E. Silver Star Rd
Coel Fl 34761
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Bridie Wilat (407) 353 - 4792 Name of Person Area Code Daytime Telephone Number
Name of Fermit Area Code Daytime resemble Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$\$ Certified Copy (additional copy is enclosed)}\$\$ Certificate of Status & Certifi

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

Vascular	PEMF	The capa & S
(Name of the Limited Liability (A Florida Li	Company as it now appears o mited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>500339535</u> This amendment is submitted to amend the following:		rch 15 20 a o crand assigned T
A. If amending name, enter the new name of the limited	d liability company here	:
	11/0	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> Nla</u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
	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>	Address	Type of Action
And	Meresa Bridie	628 F. Silver Starld	
		Ococe, F(34761	Remove
			□Change
Ambr.	Danielle Bridie Wild	628 E. Silver Stor Rd	
		Ocoee, FL 34761	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Effec	rive date, if other than the date of filing:
II (B) C)	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
e reco rd is f	rd 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 left
Dated	Sept 30,2020
	20
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer

Filing Fee: \$25.00