120000037403

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(C)	ty/State/Zip/Phone	- +D
(CII	ty/State/Zip/Priorit	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
· ·	ŕ	·
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JUN - 1 2022	
		i
<u> </u>		

Office Use Only



000385979020

04/18/22--01042--022 **25.00

FILED
2022 APR 18 PH 12: 08
SECRETARY OF SECRETARY

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	fany Kasa Name of Limi	PT, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Tittow	Yang of Person	
		Vame of Person	
		Firm/Company	
	ran et	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	680 6"	Address M. Gav dens, FL. City/State and Zip Code	
	$O \setminus O$, A	
	1am Heuc	M Gardens, PL	1 35418
		City/State and Zip Code	
		o be used for future annual report notifi	
For further information con	eerning this matter, please ca	11:	
Tillanne Va	Sa	. 412 . 977-	9295
Yame of P	erson	at (<u>U13</u>) <u>977 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
Chossiss i ming i co	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address: Registration Sec	tion
Division of Cor		Division of Corp	
P.O. Box 6327		The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF OI	KGANIZATION	12
OF	•	1022 2022
(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	y as it now appears on our records.) ability Company)	FILET
The Articles of Organization for this Limited Liability Company w	vere filed on 4112 laa	and assigned
Florida document number L2000087403		80 80 80
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Refined Physical The new name must be distinguishable and contain the words "Limited Liability"	Therapy, LLC	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)	Codo Gentan Palm Beach (l Jardens, FL 33418
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	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
			□Remove
			□Change
			\ _Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
		□Remove	
		□ Remove	
		Change	
		□Add	
			□Remove
			□ Changa

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	· · · · · · · · · · · · · · · · · · ·
•	
•	
•	
,	
,	
,	
Effect	ive date, if other than the date of filing: (optional) 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 (1)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
ne recor ord is fi	d 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 led.
Dated	April 12th 2022
	Signature of a member or authorized representative of a member
	The service of the se
	Typed or printed name of signee