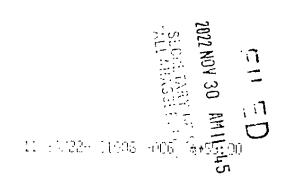
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2022 NO: 30 AH 11: 31

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AGWA Therapy Group UC Name of Limited Liability Compliny
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gloria E Campos Name of Person AGWA Therapy Group LLC Finh/Company
8281 SW 27 Terrace
Miami - Florida 33155 City/State and Zip Code Gloria elena Cempos Cayahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gloria E Campos at (786) 5092538 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S55.00 Filing Fee}} \text{ \$\sum_{\text{S55.00 Filing Fee}} \text{ \$\sum_{\text{S60.00 Filing Fee}} \text{ \$\sum_{\text{Certified Copy}} \$\sum_{\text{

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

EII ED

2022 NOV 30 AHTT: 45 Name of the Limited Liability Company as a now appears on bur records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/16/2020 and assigned Florida document number <u>L 2000</u> 105 7.22 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 "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Miami , Florida 33|55

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 MGR Gloria E Campos 8281 SW 27 Tenace DAdd

Migmi-Florida 33155

Rem Type of Action

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ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the reco	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 iled.
Dateo	
	Signature of a member or authorized representative of a member
	Gloria E. Campos Typed or printed name of signee

Filing Fee: \$25.00