## L2000158270

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600434832906

024 NOV 21 AM 9: 5:

2024-KOA 51 - 54 1: 3

RECEIVED

## **CT CORP**

## (850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

11/21/2024

D	ate:		11	I/21/2024	w: DW	
				Acc#I20160000072	4. ( ) = V	
Name:	Му	Favorite	Th	erapists Orlando, L	LC	
Document #:						
Order#:	159	90791				
Certified Copy of Arts & Amend:						
Plain Copy:						
Certificate of Good Standing:						
Certified Copy of						
Apostille/Notarial Certification:			-	ountry of Destination:		
			N	umber of Certs:		
Filing: 🗸		Certified:	<b>√</b>		Email Address for Annual Report Notification	15:
		Plain:		]		
	_	COGS:		]		
Availability	]				1	
Document		Amount: \$	5	55.00		
Examiner						
Updater						
Verifier						
W.P. Verifier Ref#						
	_		(	Thank you!		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

My Favorite Therapists Orlando, LLC

2024 NOV 21 AM 9: 57

( <u>Name of the Limited Liabilit</u> (A Florida	Company as it now app Limited Liability Compan	TALLAHASSEE. FLORIDA				
The Articles of Organization for this Limited Liability Co Florida document number L20000158270	ompany were filed on 	o6/09/2020 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ted liability company	<u>/ here</u> :				
The new name must be distinguishable and contain the words "Limi	ted Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	6200 Lee Vi	6200 Lee Vista Boulevard, Suite 200				
(Principal office address MUST BE A STREET ADDR	ESS) Orlando, FL	. 32822				
Enter new mailing address, if applicable:	1239 East N	lewport Center Drive, #101-104				
(Mailing address MAY BE A POST OFFICE BOX)	Deerfield Bo	each, FL 33442				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		or records, enter the name of the new register				
Name of New Registered Agent:	CT CORPORATION STSTEM					
New Registered Office Address: 1200 S	outh Pine Island Road  Enter	Florida street address				
Planta	ion	, Florida <u>33324</u>				
	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.

Laura Broderick

If Changing Registered Agent, Signature of New Registered Agent

Laura Broderick, Assistant Secretary

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>	Type of Action
MGR	Jay Katari	255 SE Wavecrest Way	🗀 Add
		Boca Raton, F1. 33432	■Remove
			□ Change
AMBR	MFT Acquisition, LLC	353 North Clark Street, Suite 1400A	<b>=</b> Add
		Chicago, IL 60654	□Remove
			□Change
			🗀 Add
			Remove
			☐ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

							<del></del>				
		_							_		_
			<u></u>	. <u> </u>							_
			<del></del>	<del></del>							
											_
											_
									-		_
				<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · ·			~	<del></del>
		<u>-</u>				· • <u>•</u>	<del></del>		<u> </u>	2024 1	************************
					<del></del>				<u> </u>	NO.	_ ! !
									IASSEE	2	
							·····		<u> </u>	<u>골</u>	-
									FLORID!	بو _بي_	_
									<i>&gt;</i>		
,											
					-						
	_				-						_
Effective	e date, if oth	er than th	ie date of fi	ling:				(optio	nal)		605 0305
Note: If	the date inse	rted in this	block does ne	ot meet the a	applicable	e of filing o statutory fi	r more than 90 ling requirer	nents, this	date will	not be	listed as
document	t's effective o	date on the	Department of	of State's re	cords.						
e record s	specifies a de	layed effect	ive date, but	not an effec	tive time,	at 12:01 a.i	n, on the ear	lier of: (b)	The 90	th day a	ifter the
rd is filed		·									
Dated	1/20/2024										
Dateu		<del></del>		· _ <del>_</del> _	·	OocuSign	ed by:				
						( mec L	/VUL.>VLOVU 6D4FB4D5				

Filing Fee: \$25.00