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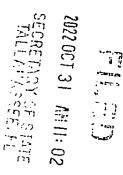
(Re	equestor's Name)	
(Ad	dress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		.			
	ternative Medicine LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jonathan Chaplin				
		Name of Person			
		Firm/Company			
	1914 Granada CT				
		Address		202 SE(
	Clearwater, FL 33764			2007 VLL/	•-•
	pipo727@gmail.com	City/State and Zip Code		31 A	14745. 104 1 1371
For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report notifi all:	cation)	2022 OCT 31 - AHTI: 02 SEGRETARY OF 5 INTE	Tales Tales
Jonathan Chaplin		727 709-1569			
Name c	of Person	Area Code Daytime	Telephone Number	r	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

Premier Alternative Medicine LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000198260}{L20000198260}$	were filed on <u>07/10/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9121 Belcher Rd	
(Principal office address MUST BE A STREET ADDRESS)	Pinellas Park, FL 33782	
Enter new mailing address, if applicable:	1914 Granada Ct	2022 0 SECH TAIL
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33764	55 9 3
		图 2 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame 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
MGR	Heather Eslinger	1029 Indian Rocks Road S	■Add
		Largo, FL 33770	□Remove
			□Change
			□Add
			Remove
			□ Change
			SECT 17A
			SECRETAINTO
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ective date, if other than t	the date of filin	No.			(optional)	
effective date is listed, the date	must be specific an	d cannot be prior	to date of filing t	r more than 90 day	s after filing.) Pursu	ant to 605.0
te: If the date inserted in this ament's effective date on the	; block does not i e Department of !	meet the applications of the State's records.	abie statutory i	ing requiremen	is, this date will be	ot be fisted
	•					
cord specifies a delayed effe	ctive date, but no	st an effective ti	me, at 12:01 a.	m, on the earlier	of: (b) The 90th	dav after t
s filed.	,					·
October 19		2022				
			7 _	`		
				<i>-</i>		
		member or autho				

Filing Fee: \$25.00