

h20 000366 368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

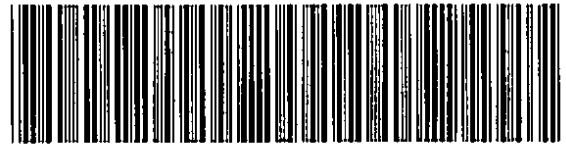
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600382731936

03/04/22--01016--017 ++25.00

FILED

2022 MAR -4 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

MAR 14 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

Top Performance Physical Therapy, PLLC

SUBJECT: \_\_\_\_\_  
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:

Dr. Talonda Johnson, PT, DPT

\_\_\_\_\_  
Name of Person

Top Performance Physical Therapy, PLLC

\_\_\_\_\_  
Firm/Company

7901 4th Street North #5728

\_\_\_\_\_  
Address

St. Petersburg, Florida 33702

\_\_\_\_\_  
City/State and Zip Code

drtalonda@yourladywell.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Talonda Johnson, PT, DPT

904 321-9287

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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**

**FILED**

Top Performance Physical Therapy, PLLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2022 MAR 4 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4/29/2021 and assigned  
Florida document number 120000366368.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The Lady Well Consulting, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

7901 4th Street North

STE #5728

St. Petersburg, Florida 33702

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th Street North

STE #5728

St. Petersburg, Florida 33702

**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: Registered Agents Inc.

New Registered Office Address: 7901 4th Street North STE #300

*Enter Florida street address*

St. Petersburg, Florida 33702

*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.*

Registered Agents Inc.  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

March 1

2022

Dated \_\_\_\_\_,

Mr. Jolanda Johnson, PT, DPT

Signature of a member or authorized representative of a member

Dr. Talonda Johnson, PT, DPT

Typed or printed name of signee