L20000387622

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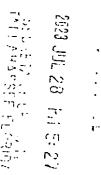
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A. RIVERS



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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
(1) 10 10 CH	La Vie The	rapeutics, PLLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Logan Brennan			
			Name of Person		
		Famendment and fee(s) are submitted for filing. Sondence concerning this matter to the following: Logan Brennan Name of Person La Vie Therapeutics, PLLC Firm/Company 19375 US Highway 19 N Apt 307 Address Clearwater, FL 33764 City/State and Zip Code recover@lavietherapeutics.com B-mail address: (to be used for future annual report notification) concerning this matter, please call: 1813 943-3379 of Person Area Code Daytime Telephone Number the following amount: \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is reclosed) See: Section Registration Section Division of Corporations			
			Firm/Company		
		19375 US Highway 19 N :	\pt 307		
			Address	.	
		Clearwater, FL 33764			
			•		
		-			
For further in	aformation c			otification)	
		e			
Logan Brennan		at ()	 		
	Name o	t Person	Area Code Dayt	ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 I	iling Fee		Certified Copy	Certificate of Status & Certified Copy	
	iling Addres			Section	
Registration Section Division of Corporations		•	*		
). Box 632				
Ta!	Hahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Vie Therapeutics, PLLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 1/23/2023 Florida document number L20000387622	an	d assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Priority One Chiropractic & Sports Medicine, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation	on "L.L.O	71 -7 72.
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 na agent and/or the new registered office address here: Name of New Registered Agent:	51 CTC 57	enew 1 123 JUL 2	registered
	<i>S</i> :	<u></u>	
New Registered Office Address: Enter Florida street address	70. 20. 20.	자 고 고	
, Florida	· Zip (
·····			

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Add
			□Remove
			□Remove
			□Add
			□Remove
			□Change
			C]Remove
			□Change

Please remove article III of	the original file stating the pu	irpose of the company is to	provide athletic training	
services, as this statement i	s no longer accurately describ	es the purpose of the comp	any,	
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	112-11			
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		10.0 - 1 - 10.00		
				
te: If the date inserted in this	ne date of filing: must be specific and cannot be prior block does not meet the appli Department of State's records	cable statutory filing requir		
s filed.	ive date, but not an effective (time, at 12:01 a.m. on the c	arlier of: (b) The 90th da	ny after the
July 24th ed	2023			
	7	norized representative of a me	·	

Filing Fee: \$25.00

Typed or printed name of signee