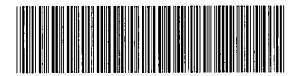
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(Re	equestor's Name)	
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) rtified Copies Certificates of Status pecial Instructions to Filing Officer:	MAIL
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COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
CHBIE	CT. DR KIMBE	RLY WOODARD LLC		
SODIE	CI	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		KIMBERLY BYRNE		
			Name of Person	
		DR KIMBERLY BYRNE	LLC	
			Firm/Company	
		2026 SW JUSTISON AVE	3	
			Address	
		PORT ST LUCIE FL 3495		
			City/State and Zip Code	
		KIMBERLYWOODARDD	PM@GMAIL.COM to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co		,
KIMB	ERLY BYRNE		at (561) 373-5034	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 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 Addres Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Laborida document number L21000045835	iability Company were filed on <u>(</u>	01/25/2021 and	assigned
his amendment is submitted to amend the fol	_	here:	
. If amending name, enter the new name o	of the limited liability company	here:	
OR KIMBERLY BYRNE LLC		, ×	سدین (معمد
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation	P'L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)	ma	<u>-</u>
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>		records, enter the name of the	new regist
. If amending the registered agent and/or		· · · · · · · · · · · · · · · · · · ·	
	ess here:		
	KIMBERLY BYRNE		
Name of New Registered Agent:			
gent and/or the new registered office addre	KIMBERLY BYRNE 2026 SW JUSTISON AVENUE	E Florida street address	
	KIMBERLY BYRNE 2026 SW JUSTISON AVENUE		

New Registered Agent's Signature, if changing Registered Agent:

DR.KIMBERLY WOODARD.LLC

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	KIMBERLY BYRNE	2026 SW JUSTISON AVENUE	□Add
		PORT ST LUCIE FL 34953	□Remove
			■ Change
			□Add
			Remove
			Change
			Remove
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an effec ote: 1	ve date, if other the ctive date is listed, the fithe date inscribed int's effective date of	e date must be speci in this block doc	cilic and cannot b	applicable statu	iling or more than tory filing requ	(optional n 90 days after filing rements, this dat	g.) Pursuant to 605.02	207 . as
record is file	i specifies a delayed ed.	l effective date,	but not an effec	ctive time, at 12	01 a.m. on the	earlier of: (b) T	he 90th day after t	he
	FEBRUARY 6		. 2023	 .				
ated 1		/ 1	/ / /	5				
ated <u>I</u>		//		_				
ated 1		Signatu	ure of a member of	of authorized repr	esentative of a m	ember	<u></u>	