

L21000138604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

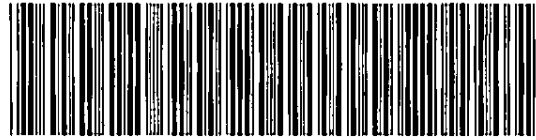
(Document Number)

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21 OCT 12 PM 12:01

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pfister Pfunctional Medicine LLC.

\_\_\_\_\_  
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:

Anthony Pfister

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

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

3625 Schoolhouse Road W. Apt 109

\_\_\_\_\_  
Address

Fort Myers, FL 33916

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

drtpfister7@icloud.com

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

For further information concerning this matter, please call:

Anthony Pfister

772 579-9885  
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**

Pfister Pfunctional Medicine

21 OCT 12 PM 12:02

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

The Articles of Organization for this Limited Liability Company were filed on 3/24/2021 and assigned  
Florida document number L21000138604.

This amendment is submitted to amend the following:

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

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)**

3625 Schoolhouse Road W.

Apt 109

Fort Myers, FL 33916

**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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Anthony Pfister

New Registered Office Address:

3625 Schoolhouse Road W, Apt 109

*Enter Florida street address*

Fort Myers

Florida <sup>FL</sup>

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Allison Elizabeth Manzo	19543 Idlewood Trail	<input type="checkbox"/> Add
		Strongsville, OH 44149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven L Harrington	2033 SE Hideaway Cir	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Registered	Steven L Harrington	2033 Hideaway Cir	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Austin J. Pfister	3625 Schoolhouse Rd. W.	<input checked="" type="checkbox"/> Add
		#109	<input type="checkbox"/> Remove
		Fort Myers, FL 33916	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971).

21 OCT 12 PM 12:01

(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)

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.

  
Signature of a member of a

Typed or printed name of signee