L21000138604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(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 at (772) 579-9885
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

21 OCT 12 PM 12:02

Pfister Pfunctional Medicine

(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** FL
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

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Title	Name	Address	Type of Action
MGR	Allison Elizabeth Manzo	19543 Idlewood Trail	☐ Add
		Strongsville, OH 44149	■ Remove
			☐ Change
MGR	Steven L Harrington	2033 SE Hideaway Cir	☐ Add
		Port Saint Lucie, FL 34952	■ Remove
			☐ Change
Registere	Steven L Harrington	2033 Hideaway Cir	☐ Add
		Port Saint Lucie, FL 34952	■ Remove
			☐ Change
MGR	Austin J. Pfister	3625 Schoolhouse Rd. W.	☑ Add
		#109	☐ Remove
		Fort Myers, FL 33916	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

21 OCT 12 PM 12:01

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.

Dated October 25, 2021.

Signature of a member or authorized representative of a member

Anthony Pfister

Typed or printed name of signee