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(Requestor	r's Name)	
(Address)		
(Address)		
(City/State/	/Zip/Phone #)	
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PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document	t Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Thera	Pectic Interven	entions Made Far	51
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Me	Eleny Rivera Name of Person	
	Therapeutic I	Interventions Ma Firm/Company	de Easy
	921 W	71 th 5+ Address	
	Higleuh	City/State and Zip Code Compared Compared Code To be used for future annual report not	
	Meleny. 815 E-mail address:	ama Gmail. Co	ilication)
For further information co	ncerning this matter, please c	all:	,
Heleny R Name of	AVC(C) Person	at (<u>786) 28() C</u> Area Code Daytin	198 nc Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6322	ection orporations	Street Address: Registration Se Division of Con The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number 621000198800 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 "LLC." 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

____, Florida ___

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
	Andrew Garcia	921 W 79th St	
		Hideah FL 33014	X Remove
			□ Change
MGR Melen	Meleny Rivera	921 w 79m St	□ Add
		Hickory FL 33014	□Remove
			⊠ Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

(If an et Note:	ive date, if other than the date of filing:
ord is f	
Dated	March 10 . 2022 . Signature of a member or authorized representative of a member
	Meloh
	Signature of a member or authorized representative of a member