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A. RAMSEY AUG 30 2022

## **COVER LETTER**

TO:

ΓΟ: Registration Se Division of Corp			
subject: <u>S</u>	in Shine Ster	D Therapy LLC	~ 
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Britta	Mame of Person	
	Sunshine	Step Therap Firm/Company	Y LLC
	4400	Dior Rd. Address	
		Hill FL 34609 City/State and Zip Code	
	E-mail address: (1	ondino dpt@gna	(/. com_ fication)
For further information c	oncerning this matter, please ca	ail:	
Brittan	/ Andino	at ( <u>352</u> ) <u>676</u> Area Code Daytim	o - 69 7 7 ne Telephone Number
Name o	Freism	·	
Enclosed is a check for t	he following amount:		
₹ \$25.00 Filing Fee	S30.00 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 Addre	<u>\$8:</u>	Street Address:	
Registration		Registration Se	
Division of C		Division of Co The Centre of	<del>-</del>
P.O. Box 631			ne Street, Suite 810
Tallahassee,	1 L 34314	2 (13 71, 310HK	· · · · · · · · · · · · · · · · · · ·

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Sunshine Step	Therapy LLC  Thy as it now appears on our records.  Therapy LC  Therapy LLC  Therap	/11/2 4U
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.)	10.
The Articles of Organization for this Limited Liability Company of Plorida document number <u>L2100029347</u> 9	were filed on(6/24/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability and contain the words "Limited Liability and contain the words" and contain the words "Limited Liability and contain the words "Limited Liability and contain the words" and contain the words are contained to the contain the words are contained to the contain the words are contained to the cont	no LLC ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4400 Dior Rd Spring Hill FL	34609
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Spring H:11 FL	34609
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the nam	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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>	Type of Action
			□ Add
			Remove
			□Change
			Remove
			☐ Change
			□Add
			Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
		□Remove	
		□Change	
			□Add
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	6/8/22 Britang and no
	Signature of a-member or authorized representative of a member
	Bn Hay Andro