

L21000320117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

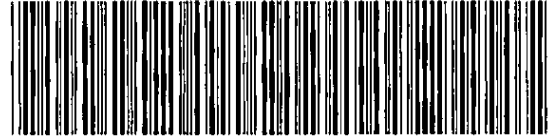
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

amend

Office Use Only



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11/21/24--01017--018 \*\*25.00

FILED

2024 NOV 21 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FL

C.V for FL Department of State Division of Corporations

Jessica Tuttle  
941-204-1051  
1673 8th Street, Sarasota, FL 34236

I am submitting this change of name request from my maiden to my married name. I have included a copy of my marriage certificate. I am changing my name on my bank accounts and require a change of name on my sunbiz account in order for this to take effect.

This is a time sensitive matter and I appreciate your assistance in seeing that this gets approved as soon as possible.

Thank you.

Sincerely,

Jessica Tuttle

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SECRETARY OF STATE  
TALLAHASSEE, FL

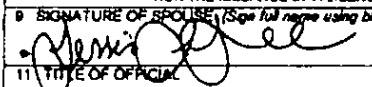
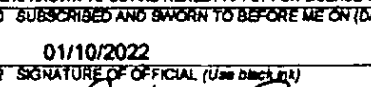
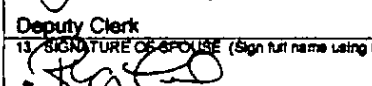
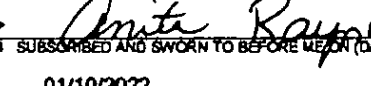
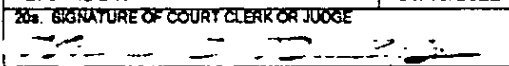

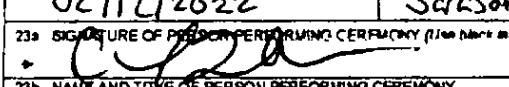
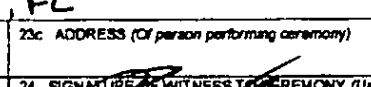
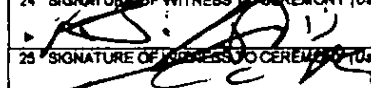
**This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.**



KAREN E. RUSHING, CLERK OF THE CIRCUIT COURT  
By: \_\_\_\_\_

2022 ML 000070  
(APPLICATION NUMBER)

## APPLICATION TO MARRY

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) <b>JESSICA LYNN LAFALCE</b>		1d. MAIDEN SURNAME (If applicable)	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>SARASOTA</b>		3c. STATE <b>FLORIDA</b>	
5. NAME OF SPOUSE (First, Middle, Last) <b>RYAN BLAKE TUTTLE</b>		5b. MAIDEN SURNAME (If applicable)	
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>SARASOTA</b>		7c. STATE <b>FLORIDA</b>	
3b. COUNTY <b>SARASOTA</b>		4. DATE OF BIRTH (Month, Day, Year) <b>05/18/1984</b>	
7b. COUNTY <b>SARASOTA</b>		6. DATE OF BIRTH (Month, Day, Year) <b>01/14/1983</b>	
7d. COUNTY <b>SARASOTA</b>		8. BIRTHPLACE (State or Foreign Country) <b>TEXAS</b>	
<p>WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.</p>			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>01/10/2022</b>	
11. TITLE OF OFFICIAL <b>Deputy Clerk</b>		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>01/10/2022</b>	
15. TITLE OF OFFICIAL <b>Deputy Clerk</b>		16. SIGNATURE OF OFFICIAL (Use black ink) 	
<b>LICENSE TO MARRY</b>			
<p>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.</p>			
17. COUNTY ISSUING LICENSE <b>SARASOTA</b>	18. DATE LICENSE ISSUED <b>01/10/2022</b>	18a. DATE LICENSE EFFECTIVE <b>01/13/2022</b>	19. EXPIRATION DATE <b>03/10/2022</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE 		20b. TITLE <b>KAREN E. RUSHING CLERK OF THE CIRCUIT COURT</b>	20c. BY 
<b>CERTIFICATE OF MARRIAGE</b>			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
21. DATE OF MARRIAGE (Month, Day, Year) <b>02/12/2022</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Sarasota, FL</b>		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony)	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY <b>Capital Davila Ordained Minister</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED			

65/782

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MVMT THERAPY, 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:

Jessica Tuttle  
Name of Person

MVMT THERAPY, LLC  
Firm/Company

1673 8th St.  
Address

Ocala, FL 34236  
City/State and Zip Code

jessica@mvmtherapy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Tuttle at (941) 204-1051  
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**

MYMT THERAPY, LLC

(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 07/13/21 and assigned Florida document number L21000320117.

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) \_\_\_\_\_

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:

Jessica Tuttle

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.*

Jessica Tuttle

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FL

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	Jessica Lafalce	1673 8 <sup>th</sup> St. Sarasota, FL	<input type="checkbox"/> Add
		34236	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jessica Tuttle	11673 8 <sup>th</sup> St. Sarasota, FL	<input checked="" type="checkbox"/> Add
		34236	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE  
PALM BEACH, FL

FILED

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

I am changing from my maiden (LaFalce) to married (Tuttle) last name.  
I have included a copy of my marriage licence.

2024 NOV 21 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

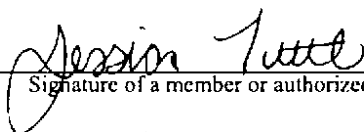
E. Effective date, if other than the date of filing: 11/15/24 (optional)

(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 11/15/24



Signature of a member or authorized representative of a member

Jessica Tuttle

Typed or printed name of signee

Filing Fee: \$25.00