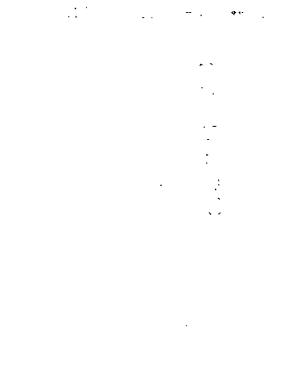
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Sec Division of Corp			,
	THERAPEUTIC SERVICES	OF FLORIDA LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	HUMBERTO GONZALEZ		
		Name of Person	
	RAPID INCOME TAX CO	RP	
		Firm/Company	<del></del>
	11300 NW 87 CT STE 150		
		Address	
	HIALEAH GARDENS, FL	. 33018	
		City/State and Zip Code	
	RAPIDINCOMETAXES@		
		to be used for future annual report	по(писаноп)
For further information c	oncerning this matter, please co	all:	
HUMBERTO GONZAL	EZ	305 822-664 at ()	
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63	Section Corporations	The Centre	Section Corporations of Tallahassee
Tallahassee,		2415 N. Mo	onroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE THERAPEUTIC SERVICES OF FLORII	DA LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our rec lability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000345330	were filed on 07/30/2021	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2523 HERSCHEL STREE	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 322	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2523 HERSCHEL STREE JACKSONVILLE, FL 32	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	nddress
		_, 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
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in effective date is one: If the date i	other than the d listed, the date must be nserted in this block we date on the Dep	e specific and ca k does not mee	innot be prior to et the applicat	date of filing or ble statutory fi	more than 90 ding requireme	_ <b>(optiona</b> ays after fili ents, this da	ng.) Pursuant to	605.0207 listed as
ecord specifies as filed.	a delayed effective	date, but not ar	i effective tim	ne, at 12:01 a.r	n, on the earli	er of: (b)	The 90th day a	ifter the
11/05 ated	<i></i>	·	2024	_ •				

Typed or printed name of signee