## h21000380564

(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:

Office Use Only



000373094240

10/04/21--01014--001 \*\*25.00

FILED

1021 OCT -4 PM 3: 0

10/10/21

## **COVER LETTER**

Division of Cor				
SUBJECT:	rargoh's Delic			
	Name of Li	inited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.		
Please return all correspo	ndence concerning this matte	er to the following:		
		Lorenzo Fulmore Name of Person		
	Ph	cirach's belight	LLC	2
		Firm/Company	A SEC	021
	524 NW 35	dave	三哥	BCT .
		Address		+ 1
	beenfield be	each FL 33441 City/State and Zip Code	SSEE. I	2021 OCT -4 PM 3: 07
	E-mail address	re, Lorenzo i Egmal.  (to be used for future annual report notifi	cation)	07
For further information c	oncerning this matter, please	call:		
Orenzo Name o	FULMORE A	at ( 954 ) 663- Area Code Davtime	- 8103 Telephone Number	
		, and over the particular that the particular	receptione realised	
Enclosed is a check for the	ne 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 State Certified Copy (additional copy is en	tus &
Mailing Addres		Street Address:	at a.u.	
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632	=	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pharaoh's Delights LLC	
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
he Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{8/25/2021}{}$ and assigned
lorida document number L21000380564	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited	liability company here:
rigger N Therapy LLC	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	700 TO
Principal office address MUST BE A STREET ADDRES	<u>s</u>
	SC PX
nter new mailing address, if applicable:	Es 3:
Auiling address MAY BE A POST OFFICE BOX)	<u> </u>
	fice address on our records, enter the name of the new regis
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, FloridaZip 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>	Address	Type of Action
			□Add
			□Remove
		<del></del>	□Change
			SES
			A Remove
			ANNOSSEE, FILE
		· · · · · · · · · · · · · · · · · · ·	TA dadd
		<del> </del>	□Remove
			☐ Change
		<del></del>	□ Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Петюvе
			□Change

						<del></del>				_
										_
										_
-					نست الله الله					-
										_
		<del> </del>		<u></u>						_
										_
					<del>, , , , , , , , , , , , , , , , , , , </del>	· -				_
										_
					·					_
								SECI	2021 (	
	<u> </u>							LAI	OCT	
								ESSVIII 10 AU	+	<b>m</b>
				····			<del></del> .	SEE .	<del></del>	
							<del>-</del> -	- TATE	မှ	_
								++1		_
										_
an effectiv <u>ote:</u>	date, if other to date is listed, the date inserted is effective date	e date must be sp in this block d	pecific and car oes not mee	nnot be prior t et the applica				iling.) Pursu		
record sp is filed.	pecifies a delaye	d effective date	e. but not an	effective tir	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th	day aft	er the
ated	10/1/			ulu;	 P_					
		Signa	iture di a mer	nber or autho	fized represent	ative of a men	ber			