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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Tempered Phy Name of Lim	sical Therapy LLC ited Liability Company	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Austia	H. Laff Name of Person	
	Tempere	Firm/Company	y, LLL
	MEP HIS	ادم لا. Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	1. Cec4f f Person	at (480) 266 - Area Code Daytime	8042 Telephone Number
Enclosed is a check for th	ne 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 Addres	5:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Tempered Physics		LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears do bur r Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on 08 3	1/2021	and assigned
Plorida document number LZ1000 389134			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
	The Company of the Co	wit con a late	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbrev	nation "L.L.C."
Enter new principal offices address, if applicable:			~
Principal office address MUST BE A STREET ADDRESS)		<u></u>	2021
			SE TA
		#37 #3	V)
Enter new mailing address, if applicable:		788 788	
• • • •		ात जी भारत	
Mailing address MAY BE A POST OFFICE BOX)		7175	က <u>ကို မှုက</u>
			<u> </u>
3. 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 regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddrass	
	imer i ariua sireei u	gover Embyl	
 	City	_, Florida	Zip Code
	City	•	up coae

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
MGR	Austin H. Laff	1466 Hidden Ct.	□Add
		Tarpon Springs, FL, 34689	□Remove
			DeKange
MUR	Evalyne van Eldik	1466 Hidden et.	□Add
		Tarpon Springs, Fl 34684	L_ ⊡*Kemove
			□Change
			□Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change

If amend	ng any other information, enter change(s) here: (Attach additional sheets. if necessary.)
	
(If an effecti Note: If	date, if other than the date of filing:
the record s cord is filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 24, 2021
	Signature of a member or authorized representative of a member
	Austin H. Laff Typed or printed name of signce