## L21000419732

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## **COVER LETTER**

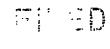
то:	Registration So Division of Cor		ť	•
		LLNESS CENTER LLC	•	•
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Cynthia Davies		
			Name of Person	
		CINDY'S FLORIDA LLC		
		-	Firm/Company	<del></del> -
		8051 N. Tamiami Trail Sui	te E6	
			Address	
		Sarasota FI. 34243		
			City/State and Zip Code	
		emdy@emdysfloridallc.com		
		E-mail address: ()	o be used for future annual report n	otification)
For fu	rther information c	concerning this matter, please ca	ıil:	
Cynth	ia Davies		727 300-0042	
-	Name c	of Person	at () Area Code Day	time Telephone Number
Enclos	sed is a check for t	he following amount:		
≣ S2	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	58 <u>:</u>	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



2022 AUG 15 PH 3: 29

APEX WELLNESS CENTER LLC

The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number 1.21000419732		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
APEX MEDICAL LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility 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)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>c</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street o	nldress
		Florida
	Ciţy	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
			□Add
			□Remove
		,	□Change
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			1 90 days after filing.) Pursuant to 605.0, rements, this date will not be listed
cument's effective date on the D			
ecord specifies a delayed effectivis filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
August 09	2022		
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ted			
طل.:	a Baisa.		
August 09 tedCynthi	a Davies Signature of a member or auth	orized representative of a mo	mber