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COVER LETTER

DIV	ision of Corp	porations			
SUBJECT:		Life PT and Wellness, LLC			
SOBSIZET.		Name of Limi	ited Liability Company		
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Lauren Rivera			
			Name of Person		
		Revive Your Life PT and V	Vellness, LLC		
		-	Firm/Company		
		11520 Blue Woods Drive			
			Address		
		Riverview, FL 33569			
			City/State and Zip Code		
		Lriveradpt@gmail.com			
			o be used for future annual re	ероп пописанов)	
For further in	nformation co	ncerning this matter, please ca	ill:		
Lauren Rive			954 292- at ()	-9784	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of	of Status & opy

Mailing Address:

TO:

Registration Section

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

2024 NOY -8 AM 9: 33

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Revive Your Life PT and Wellness	
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)
(A Florida I	.imited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on 11/01/2021 and assigned
Florida document number L21000472432	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The TMJ and Airway PT, LLC	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
The part of the same of the sa	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mauring undress With DE /11 OOF OF FICE WORT	
*	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:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	, Florida, Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
accept the obligations of my position as registered age being filed to merely reflect a change in the registered	implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
accept the obligations of my position as registered age being filed to merely reflect a change in the registered	implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability
accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability

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 **Title** Name Address Type of Action ______ Change _____ Remove _____ □Add __ □Remove -8 Add 9: Remove

_____ Change

Page 2 of 3

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Filing Fee: \$25.00