## L21000482172

(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:					

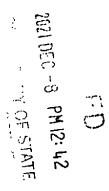
Office Use Only

A. RIVERS
DEC 2 0 2021



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO:		tion Section of Corpor			
SUBJI	ECT:	RAD		COUR THERAPY, (ed Liability Company	LC.
The en	iclosed Arti	cles of An	nendment and fee(s) are subm	nitted for filing.	
Please	return all c	orresponde	ence concerning this matter to	o the following:	
			Janifer	Hoda Call	
				Firm/Company	<del>_</del>
			55517	the Worth	<del>-</del> 1
		-	SAINT PET	Gity/State and Zip Code  Out	33701 (ication)
For fur	orther inform	Name of Pe	errying this matter, please cal	a(410)_336	Telephone Number
Enclos	sed is a chec	ck for the f	ollowing amount:		
□ \$2	25.00 Filing	: Fee	\$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	Address: ation Secon of Corox 6327	ction porations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>LZ100048.Z177</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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 City 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 th 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 Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
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