

L21000489462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

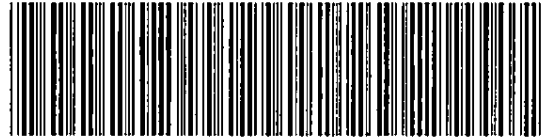
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SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

Primal Physical Therapy and Wellness

9263 SW 136 Street Circle

Miami, Florida 33176

305.491.4007

Aguillen17@gmail.com

October 23, 2024

Florida Department of State

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Articles of Amendment – L21000489462

To whom it may concern,

Enclosed please find Articles of Amendment to Articles of Organization of Primal Physical Therapy LLC. Please contact the undersigned should you have any questions.

Regards,



Alexandria J. Guillen

Encls.

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TALLAHASSEE, FL

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Primal Physical Therapy LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandria J. Guillen

Name of Person

Primal Physical Therapy

Firm/Company

9263 SW 136 Street Circle

Address

Miami, Florida 33176

City/State and Zip Code

aguillen17@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandria J. Guillen

305 491-4007
at ()
Area Code Daytime Telephone Number

Name of Person

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SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the 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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Primal Physical Therapy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 15, 2021 and assigned
Florida document number L21000489462.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Primal Physical Therapy and Wellness LLC

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

Florida

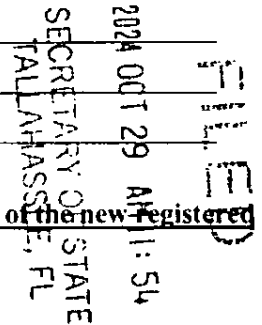
City

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

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TALLAHASSEE, FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 15 2024

Signature of a member or authorized

Signature of a member or authorized representative of a member

Alexandria J. Guillen

Typed or printed name of signee

Filing Fee: \$25.00