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(Requestor's Name)
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,
(City/State/Zip/Phone #)
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COVER LETTER

Division of Co	rporations		
CLIDICAL	are Acupuncture LLC		
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
	Jessica A. O'NeiH		
		Name of Person	
	Name of Limited Liability Company Fles of Amendment and fee(s) are submitted for filing. For prespondence concerning this matter to the following: Jessica A. O'NeiH		
		Firm/Company	·
	10790 SE Gomez Ave.		
		Address	 -
	Hobe Sound FL, 33455		
		City/State and Zip Code	
For further information o		·	cation)
	oncerning this matter, piease e		
Jessica A O'Neill		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		☐ \$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		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

Point of Care Acupuncture LLC

2022 J 11 21 PH 3: 10

(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 12-08-2021 and assigned Florida document number 1.21000519299 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 "LLC." 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 ___

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>	Name	<u>Address</u>	Type of Action
AP	Christopher O'Neill	10790 SE Gomez Ave.	
		Hobe Sound FL, 33455	■Remove
			□Change
			□Add
			□Remove
			□Change
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an effec <u>lote:</u> H	ctive date is listed, the fitte date inserted		ic and cannot be pri- not meet the appl	icable statutory fil	more than 90 days afte	i onal) r filing.) Pursuant to 605.020 is date will not be listed a
record Lis file		ed effective date, bu	t not an effective	time, at 12:01 a.m	, on the earlier of: ()	b) The 90th day after th
6 ated	-14-2022					
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	().	01/20	(V	horized representati		

Typed or printed name of signee