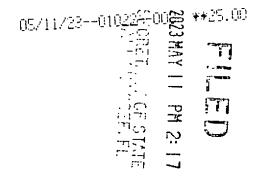
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(Requ	uestor's Name)	<del></del>
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500408458725



Y. SCOTT

JUL - 8 2023

Y. SCOTT

## **COVER LETTER**

TO:

TO: Registration So Division of Cor		·	
GUDUNCT.	NC South	the co DI IIC.	
SUBJECT:	Name of Li	mited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Layra V.	Marico Filos	
	Tayra V. Marra Ebb  Name of Person  HF Spean Thrap. UC  Firm/Company  Table 1 38837  City/State and Zip Code  Linal address: (to be used for future annual report notification)  Person  Address  at (407)  Name of Person  Area Code  Solo 00 Filing Fee.  Certificate of Status & Certificate Of Status & Certificate Of Status & Certificate Of Status & Certificate Opy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  Name of Corporations		
HF Speech Thoraps, UC  Firm/Company  Teal  Address  Daven part, It 38837  City/State and Zip Code  That is a yalange come information concerning this matter, please call:  Layra V. Harrio Ria at (407)  Name of Person  Area Code  Daytime Telephone Number  S25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status & Certified Copy  Total  Address  Add			
	Elosed Articles of Amendment and fee(s) are submitted for filing.  Teturn all correspondence concerning this matter to the following:  Layra   Marrara fabo Name of Person  HF   Special Thrapa   UC Finn/Company  Teal Address  Davin part, fl 33837  City/State and Zip Code  Zyacris 2 yawas com E-hail address: (to be used for future annual report notification)  The information concerning this matter, please call:  aut a   V   Harrara fabo Name of Person  Area Code  Daytine Telephone Number  di is a check for the following amount:  5.00 Filing Fee   \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:		
	120 Benj	amin Trail	202;
	_	Address	
	Daven part	, LE 33831	~ ~
			; <u>O</u> -D ;
	Zyaenisa	Q y a han com	ication)
For further information c			realion)
7 1	Maria Tan		₩7n
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			etion
P.O. Box 632	27		
Tallahassee, l	rl 32314	Z410 IN. IVIORFO	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mf Specen the (Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp  Florida document number <u>L2200062117</u> .	pany were filed on 02/07/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  Crecemps Therapy Service  The new name must be distinguishable and contain the words "Limited I.	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off	ice 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 Ag	<u>ent:</u>

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>	Type of Action
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## Page 2 of 3

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Filing Fee: \$25.00