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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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T. MATTHEWS

JUL 20 2022

### **COVER LETTER**

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

FILED DECRETARY OF STATE BIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION 22 MAY 20 PM 3: 12 OF

Eastern Seas Acupun cture, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L2200014</u> 633! 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 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title **Address** Name Type of Action 500229th Ave N St. Petersburg, FL 33710 DAdd Ryan Nelson MGR \_ Remove Sandra Hurtubise 5002 29th Ave N. XAdd St. Petersburg, FL 33710 \_\_\_\_\_ □Remove \_□Add \_\_\_\_\_\_ □Rепюче \_\_\_\_\_ Change \_\_\_\_ 🗀 Add \_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove

| aucuu               | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| <u>te:</u> If t     | date, if other than the date of filing: 03/24/2022 (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records. |
| cord sp<br>s filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| ed                  | 05/15/2022 L  |
|                     | Signature of a member or authorized representative of a member  |