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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

	gistration Se vision of Cor				
CUB IEZY	Direct Allie				
SUBJECT:			ited Liability Company		
The enclose	ed Articles of.	Amendment and fee(s) are sub	mitted for filing.		
Please retur	m all correspo	ndence concerning this matter	to the following:		
		Shannon Steens			
			Name of Person		
		Direct Allied Health			
			Firm/Company		
		1113 N. Pine Hills Rd.			
		Address			
		Orlando, Fl. 32808			
			City/State and Zip Code		
		directalliedhealth@gmail.co		<del>-,</del> -	
For further	information c	E-mail address: ( oncerning this matter, please ea	to be used for future annual report no all:	tification)	
Shannon St		,	347 869-1379		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne 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)	
	ailing Addres		Street Address:		
Registration Section Division of Corporations		Registration S Division of Co			
	O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Direct Allied Health					
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	nv as it now appears on our reco Liability Company)	<u>ords.)</u>		
The Articles of Organization for this Limited Liability Company were filed on April 14,2022  Florida document number L22000180524					
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liab	ility company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicab	de:	1113 N. Pine Hills Rd.	24		
Principal office address MUST BE A STREET.		Orlando, Fl. 32808	UN T		
Enter new mailing address, if applicable:		1113 N. Pine Hills Rd.			
Mailing address MAY BE A POST OFFICE BO	Orlando, fl. 32808	<u> </u>			
3. If amending the registered agent and/or registered affice address gent and/or the new registered office address Name of New Registered Agent:			er the name of the new regi		
	1113 N. Pine H	Glie Dal	·		
New Registered Office Address:		Iress			
	Orlando		Florida 32808		
		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.

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>	Address	Type of Action
MGR	Shauna Braxton-Turbi	2602 drovers et saint cloud florida 34772	
			<b>≡</b> Remove
			Change
			□Add
			□Remove
			Change
			⊔Remove
			Change
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-Signature of a member or authorized representative of a member	Dated	May 26 2024
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		Signature of a member or authorized representative of a member

Filing Fee: \$25.00

May 26,2024

To whom it may concern,

I Shannon Steens is familiar with and accepts the obligations of the position for Direct Allied Health.

Shannon Steens