## L22000219333

(Requestor's Name)
(Address)
` · ·
70.11
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Elitty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-Addrd "LLC" to RA name.
a ruire.
Nic 3 A

Office Use Only



300391809453

08/28/22--01:21--015 \*\*25.01

SECRETARY OF STATE CORPORATIONS
2022 AUG 23 AM 8: 54

J DENNIS

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corpor	ations			
SUBJECT: <u>Oy</u>	ange	Blossom T Name of Li	nerapy LLC imited Liability Company	•	
The enclosed Artic	cles of Am	endment and fee(s) are su	ubmitted for filing.		
Please return all co	orresponde	nce concerning this matte	er to the following:		
		Victoria B	Name of Person	<del></del>	
		NA	Firm/Company	<del></del>	
		2633 NW	8th Terrace Address		
		Cape Coral	FL 33993 City/State and Zip Code		
	_	VICTORIA BAKE E-mail address:	cy CC @ amail . Can:	ification)	
For further inform	ation conc	erning this matter, please	call:		
Victoria	Bakey Name of Per	rson		ne Telephone Number	
Enclosed is a chec	k for the fo	ollowing 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 /		·:	Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>1270002193</u>	Company were filed on May 10, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
VB Therapy L.L.C.	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "L	
Enter new principal offices address, if applicable:	7901 4th St N STE 300 DRESS) St. Peters burg, F.L. 33702
(Principal office address MUST BE A STREET ADI	DRESS St. Petersburg, F.L. 33702
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	red 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: S	unshine corporate Filings LLC
	901 4th St N STE 300  Enter Florida street address
<u>s:</u>	+. Petersburg Florida 33702

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□ Add
		<del></del>	□Remove
			☐ Change
			□Add
			☐ Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

Keeping	same	registe	red a	gent, 1	ooking	<u>ta</u>
•	Principo			~	•	•
	ffective_					
						<del></del>
					····	
						<del></del>
		<u>.</u>				
	· · · · · · · · · · · · · · · · · · ·				<del></del>	· · · · · · · · · · · · · · · · · · ·
ffective date is listed. If the date insert		ecific and canno es not meet th	it be p⊭lor to date ne applicable si	of filing or more	than 90 days afte	i <b>onal)</b> r filing.) Pursuant to 605.0 is date will not be listed
īled.						b) The 90th day after t
8/20/202	tria Eu					
Vict	ria Eu	2abeth ure of a membe	Bak er or authorized	epresentative of a	ı member	