## [2200025147]

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

LARGO TI	THERMOGRAPHY & WELLNESS CENTER LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARUNAS AMBRUKAITI	s	
		Name of Person	
LARGO THERMOGRAPHY & WELLNESS CENTER LLC  Firm/Company  7731 INNIS ST  Address  ST PETERSBURG FL 33709  City/State and Zip Code cmotionaltraumarelieve@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ARUNAS AMBRUKAITIS  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)			
		Firm/Company	
	7731 INNIS ST		
	<del> </del>	Address	
	ST PETERSBURG FL 337	709	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information of	oncerning this matter, please co	all:	
ARUNAS AMBRUKAI	TIS		
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARGO THERMOGRAPHY & WELLNESS CENTE			
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 06/01/2022	and assi	gned
lorida document number L22000251471			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
EMOTIONAL TRAUMA RELIEVE LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L	C."
inter new principal offices address, if applicable:	230 MELODY LN	7: F	•
Principal office address MUST BE A STREET ADDRESS)	LARGO FL 33771		e4 1
		<u>.                                    </u>	(4)
		Ĩ	rse
nter new mailing address, if applicable:	230 MELODY LN	• • • • • • • • • • • • • • • • • • •	
Mailing address MAY BE A POST OFFICE BOX)		•	
	LARGO FL 33771		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		me of the new	regist
	Enter Florida street address		
	, Florida _	Zin 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.

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
AMBR	MIGLE BIGELIS	230 MELODY LN LARGO, FL 33771	thAdd
			Remove
	<u></u>		□ Add
			□Remove
		<del> </del>	⊡Change
			□Add
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Note:	ive date, if other than the date of filing:
d is tī	
	02/05/2024
Dated	A. Aubrekaiti
Dated	02/05/2024  Afterbuckar Lis  Signature of a member or authorized representative of a member

Filing Fee: \$25.00