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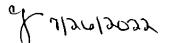
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2022 JUL 26 MIII: 4



COVER LETTER

	egistration Se ivision of Cor						
eup tezet							
SUBJECT	•	Name of Lim	ited Liability Company				
The enclos	Division of Corporations JIR THERAPY LLC Name of Limited Liability Company						
Please retu	rn all correspo	endence concerning this matter	to the following:				
		IRIS HERNANDEZ					
			Name of Person				
		IJR THERPAY LLC					
			Firm/Company				
		29715 SW 147 CT					
			Address				
		HOMESTEAD FL 33033					
			City/State and Zip Code				
		~					
		E-mail address: (to be used for future annual report no	otification)			
For further	information c	oncerning this matter, please c	all:				
IRIS HER	NANDEZ						
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is	s a check for th	he following amount:					
≡ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	ailing Addres		Street Address: Registration S	ection			
D	ivision of C	Corporations	Division of Co	Division of Corporations			
	.O. Box 632 allahassee. 1		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 26 AH H: 42

UR THERAPY LLC (Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.)	
(A Florida Limited I.	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/13/2022	and assigned
Florida document number L22000267748		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, enter the <u>na</u>	me of the new registered
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida __

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	IRIS HERNANDEZ	29715 SW 147 CT	
		HOMESTEAD FL 33033	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			Remove
			Change
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Tective date, if other than the o m effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the Department.	ck does not m	eet the applicat	date of filing of the statutory f	ir more than 90 o	(optional) days after filing ents, this date	.) Pursuant to 605 will not be list	5.0207 .ed as
ecord specifies a delayed effective is filed.	date, but not	an effective tim	e, at 12:01 a.:	m. on the earli	er of: (b) Th	ie 90th day afte	r the
JUNE 30		2022					
	,	, ,	- '				
		Flere or author	der	-			

Filing Fee: \$25.00