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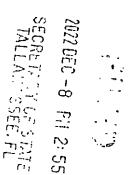
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|-------------------------|---|---|---------------------|
| SORPECT: TACE | Nepture Chiroprachic and Wellness, LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Jolene Patterson | | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | espondence concerning this matter | to the following: | |
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| | Joh | ene latterson | |
| | | Name of Person | 2022 DEC -8 PM 2:55 |
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| | Doctor @ nepw E-mail address: (| Decni Opractican dwell ness. Com | :: :: |
| For further information | on concerning this matter, please co | ıli: | |
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| Enclosed is a check for | or the following amount: | | |
| ✓ \$25.00 Filing Fed | | Certified Copy Certificate of Status of Certified Copy (additional copy is enclosed) Certified Copy | |
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| _ | on Section of Corporations | Registration Section Division of Corporations | |
| P.O. Box (| • | The Centre of Tallahassee | |
| Tallahasse | e. FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Neptune Chiropra Chic | and wellness | ,LLC. | | |
|---|---|-------------------------|-----------------|------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | iny as it now appears on our Liability Company) | reçords.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LPPØ00355387</u> . | were filed on <u>D& v</u> | 112022 | and ass | igned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation | a "LLC" or the abbrevia | tion "L. | lC." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADDRESS) | | <u>(7)</u> | 20 | |
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| Enter new mailing address, if applicable: | - | .0.22 | | · • • • |
| Mailing address MAY BE A POST OFFICE BOX) | | rain Ulto | = : | بحيت. |
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| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, g | enter the name of t | <u>he nev</u> | <u>r registe</u> |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street | address | | |
| | | Florida | | |
| | Ciţy | Zij | o Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete | | | - | - |

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> | Name | Address | Type of Action |
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