

122000420902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

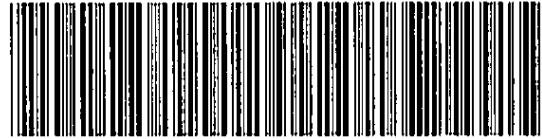
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/22--01034--007 **5/1.00

FILED
OCT 29 AM 5:12
CLERK OF STATE
TALLAHASSEE, FL

~~FILED~~
R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spot On Therapy, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaina B. Carr
Name of Person

Spot On Therapy, PLLC
Firm/Company

831 McAskill St.
Address

Crestview, FL 32536
City/State and Zip Code

Spotontherapy850@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabrielle Griffith at (850) 634-6243
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

*check #1001
already paid
DOS and show
as processed
\$100 -
10/27/22*

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Spot On Therapy, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/28/2022 and assigned Florida document number L22000420902.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

RECEIVED
SEP 29 24 AM 5:12
CLERK OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

10/19/2022

Document: L22000420902

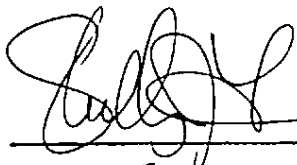
FEI/EIN: 88-4133862

Date Filed: 09/28/22

Effective date: 09/28/22

State: FL

This is to certify that I, Shelly Francis voluntarily wish to be removed from the Professional Limited liability Corporation for Spot on Therapy, PLLC as a MGR. The Professional limited liability corporation will now solely be in the name of Elaine Barrow-Carr.

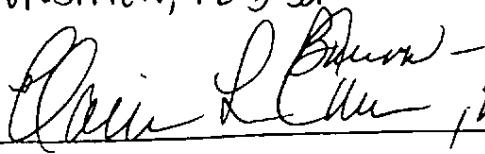


10/19/2022

Shelly Francis

vetvet Equine Dr.

Crestview, FL 32531



10/19/2022

Elaine Barrow-Carr

6559 Welannee Blvd.

Crestview, FL 32567