

# L220000420902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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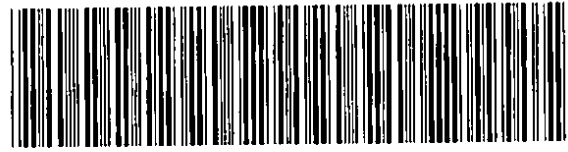
(Business Entity Name)

(Document Number)

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09/19/23--01024--003 \*\*60.00

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A. PARISHANI

OCT 01 2023

# COVER LETTER

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:

GABRIELLE BROOKS-GRIFFITH  
Name of Person

SPOT ON THERAPY, PLLC  
Firm/Company

124 JOHN KING ROAD  
Address

CRESTVIEW, FL 32539  
City/State and Zip Code

SPOTONTHERAPY850@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

GABRIELLE BROOKS-GRIFFITH at ( 850 ) 758-7991  
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

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

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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)*

124 JOHN KING ROAD  
CRESTVIEW, FLORIDA 32539

**Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

124 JOHN KING ROAD  
CRESTVIEW, FLORIDA 32539

**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: GABRIELLE BROOKS-GRIFFITH

New Registered Office Address: 124 JOHN KING ROAD  
*Enter Florida street address*  
CRESTVIEW, Florida 32539  
*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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

IGR = Manager  
 MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELAINA BARROW-CARR	6559 WELANNEE BLVD.	<input type="checkbox"/> Add
		LAUREL HILL, FLORIDA 32567	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GABRIELLE BROOKS-GRIFFITH	1714 SHOCKLEY SPRINGS ROAD	<input checked="" type="checkbox"/> Add
		BAKER, FLORIDA 32531	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ELAINA BARROW-CARR WILL BE LISTED AS A MGR (MANAGING MEMBER)

GABRIELLE BROOKS-GRIFFITH WILL BE ADDED AS A MGR (MANAGING MEMBER)

PHYSICAL ADDRESS OF BUSINESS HAS BEEN CHANGED TO 124 JOHN KING ROAD, CRESTVIEW,

FLORIDA 32539. MAILING ADDRESS OF BUSINESS HAS BEEN CHANGED TO 124 JOHN KING ROAD,

CRESTVIEW, FLORIDA 32539

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Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.

Dated SEPTEMBER 07, 2023



Signature of a member or authorized representative of a member

Elaina Barrow-Carr

Typed or printed name of signee