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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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KENEALLY PHYSICAL THERAPY LLC

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

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLEHASSEE, FL

(A F	lorida Limited Liability Company)	- 467.4
The Articles of Organization for this Limited Liabil Florida document number <u>L22000439342</u>	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Keneally Physical Therapy & Holistic Healing LLC		
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	<u></u> _	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<i>x</i>)	
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	stered office address on our records, <u>enter tl</u> ere:	ne name of the new registered
New Registered Office Address:	Enter Florida street address	
	Emer Fioriau Sireei daaress	
-	, Flor	rida Zip Code
North Dogistaned Ament's Cinneston of the state of the		Zip Code
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change.	nd complete performance of my duties, and ed agent as provided for in Chapter 605, F stered office address, I hereby confirm that	I I am familiar with and S. Or, if this document is

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
			_Add
			Remove
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. Effective da	late, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	rsuant to 60)5 0207 (3)
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records.	l not be lis	sted as the
the record spec cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	Oth day aft	er the
Dated	Ctober 14, 2022		
_	Alling Keneally Signature of a member of a member of a member		
	Allison Keneally, Member		
	Typed or printed name of signee		

Filing Fee: \$25.00