

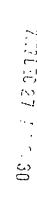
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:







DEC 2 7 2022



COVER LETTER

TO: Registration Solivision of Co			•
SUBJECT: Celena	a A. Heine Therap	y Services LLC	. •
SOBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Dr. Celena Ani	n Heine	
		Name of Person	····
	Dr. Celena A.	Heine Therapy, LL	C
		Firm/Company	
	3322 Bennett A	Acres Place	~;
		Address	
	Dover, FL. 33	527	
		City/State and Zip Code	
	celenaheineBCl	•	:
		to be used for future annual report not	c.o.
For further information of	oncerning this matter, please c	all:	0
Dr. Celena A.	Heine	_{at (} 813) 312-391	19
Name o	f Person		e Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address Registration (Division of C P.O. Box 632	Section Corporations	Street Address: Registration Second Division of Core The Centre of T	porations
Tallahassee,			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Celena A. Heine Therapy Services LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 10/20/22	and assigned
lorida document number L22000452092		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Dr. Celena A. Heine Therapy, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	3322 Bennett Acres Place	
Principal office address MUST BE A STREET ADDRESS)	Dover, Fl. 33527	277
		. 2
nter new mailing address, if applicable:	3322 Bennett Acres Place	1
Aailing address MAY BE A POST OFFICE BOX)	Dover, FL. 33527	• :
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		<u> မ</u>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new regist
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 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
			□Add
			□Remove
			Change
			□Add
			□Řemove
			☐Remove
	.		 □Add ∵ ;
			(□Remove
			□Add
			🗆 Add
			□Remove
			□Change
			
			□Remove
			GC hungo

	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the applica ument's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.0
cord specifies a delayed effective date, but not an effective times filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after t
2d 12/20/2022 5:30pm	_··
Signature of a member or author	rized representative of a member

Filing Fee: \$25.00