

L22000464558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

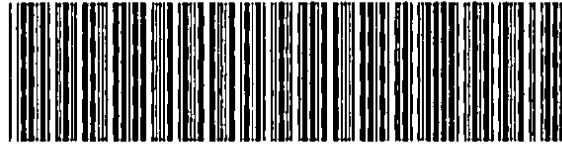
(Business Entity Name)

(Document Number)

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2022 NOV -7 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Registration Section
Division of Corporations

T: Pamela Roussel Physical Therapy & Wellness LLC
Name of Limited Liability Company

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

urn all correspondence concerning this matter to the following:

William Bell

Name of Person

New Business Filing

Firm/Company

8170 Washington Village Drive

Address

Dayton Ohio 45458

City/State and Zip Code

orders@newbusinessfiling.org

E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

Bell at (888) 701-6450
Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

- ☐ \$0 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**

Pamela Roussell Physical Therapy & Wellness LLC

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

Articles of Organization for this Limited Liability Company were filed on October 28 2022 and assigned document number L22000464558.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

1845 State Road 13

Principal office address MUST BE A STREET ADDRESS

Saint Johns Florida 32259

new mailing address, if applicable:

1845 State Road 13

Mailing address MAY BE A POST OFFICE BOX

Saint Johns Florida 32259

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:

1845 State Road 13

Enter Florida street address

Saint Johns

Florida 32259

City

Zip Code

With 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

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

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Pamela Austin	1845 State Road 13	<input type="checkbox"/> Add
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	Saint Johns Florida 32259	<input type="checkbox"/> Remove
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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.

Filing Fee: \$25.00