L22000475555

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(Req	uestor's Name)	
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(City	/State/Zip/Phon	ne #)
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
The Function	onal FNP LLC			
NOBSIÇET.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter			
Trease return an correspo	meence concerning and maner	to the total wing.		
	Bailey Devries			
		Name of Person		
		Firm/Company		
	13191 Starkey RD STE 6			
		Address		
	Largo, F1, 33772			
	functionalnpl@gmail.com	Cny/State and Zip Code		
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please co	all:		
Bailey Devries		727 458-9530 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 631 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

T() ARTICLES OF ORGANIZATION **OF**

The Functional FNP LLC

(Name of the Limited Liability Co (A Florida Limi	ited Liability Company)	<u>01:05.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000475555</u>	oany were filed on 11/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The Functional Health Consultant LLC		
The Functional Health Consultant LLC The new name must be distinguishable and contain the words "Limited I	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 ADDRES.	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u>	SECRETARY OF STATE THE NAME OF STATE OF
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street a	ddress
		, Florida
	Çuy	Zip Code
Name Danistaged Agent's Signature, if changing Registered A	Agent:	

New Registered Agent's Signature, if changing Registered Ag

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
		□Remove	
			☐ Change
			□Add
			□Remove
		☐ Change	
			□Add
		□Remove	
		Change	
			🗀 Add
		□Remove	
			□ Add
			□Remove
			☐ Change

). If amending any other	information, enter char	nge(s) here: (Attac	h additional sheets, if n	ecessary.)	
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E. Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective da	than the date of filing the date must be specific and d in this block does not m to on the Department of St	Cor me appropriate	of filing or more than 90 days autory filing requirement	optional) ; after filing.) Pursuant to 66 s, this date will not be lis	05,0207 (3 sted as the
If the record specifies a delay record is filed.	red effective date, but not	an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day af	ter the
Dated	,	12:00PM			
B	Signature of a 1	nember or authorized i	epresentative of a member		
Bailey Devr					
		Typed or printed name	e of signee		

Filing Fee: \$25.00