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(Re	questor's Name)	
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Tallahassee, FL 32314

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CIO IE		JTY PHYSICAL THERAPY A			·
SUBJEC	UI:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		HAN NGUYEN			
			Name of Person		
			Firm/Company		
		2210 15TH AVE N			
			Address		
		ST. PETERSBURG, FL. 3	3713		
		han.n.dpt@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual re	eport notification	
For furth	her information c	concerning this matter, please c	all:		
HAN N	GUYEN			-3278	
	Name o	of Person	at () Area Code	Daytime Teleph	none Number
Enclosed	d is a check for t	he following amount:			
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		<u>Street Ado</u> Registral	dress: tion Section	
	Division of C	Corporations	Division	of Corporati	
	P.O. Box 633	27	The Cen	tre of Tallaha	issee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	r <u>ds.</u>)
The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 2	1, 2022 and assigned
Florida document number L22000497225	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
NEUBILITY REHABILITATION AND WELLNESS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	.C" or the abbreviation .L.C."
Enter new principal offices address, if applicable:	TALLE IN THE
(Principal office address MUST BE A STREET ADDRESS)	35
	W 78 78 78 78 78 78 78 78 78 78 78 78 78
	लिस 🗷 📺
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	35 35 E
	
B. If amending the registered agent and/or registered office address on our records, ente agent and/or the new registered office address here:	er the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Emer Florida Mreet daard	Cas
	Florida Zip Code
City Name Banistanad Amant's Signature of abanding Danistanad Amant	гір Соас

New Registered Agent's Signature, it 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

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
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Note:	late, if other than the date of filing:
e recor rd is fi	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	DEMBER 15 2022
. >	Nan hardal
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00