## 2200516310

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

| Testosteron                                   | •   |   |   |  |
|---|---|---|---|--|
| SUBJECT:                                      |   |   |   |  |
|   | Name of Lim                                     | ited Liability Company  |   |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                    | mitted for filing.  |   |  |
| Please return all correspo                    | ondence concerning this matter                  | to the following:   |   |  |
|   | Cynthia Davies                                  |   |   |  |
|   |   | Name of Person  |   |  |
|   | CINDY'S FLORIDA LLC                             |   |   |  |
|   | •   | Firm/Company  |   |  |
|   | 805 t N. Tamiami Trail Su                       | ite E6  |   |  |
|   |   | Address   | <del></del>   |  |
|   | Sarasota FL 34243                               |   |   |  |
|   |   | City/State and Zip Code   |   |  |
|   | cindy@cindysfloridallc.com<br>F-mail address: ( | n<br>to be used for future annual report notif                      | fication)   |  |
| For further information c                     | oncerning this matter, please ca                |   | ,   |  |
| Cynthia Davies                                |   | 727 300-0042<br>at ()   |   |  |
| Name of Person                                |   | Area Code Daytime   | e Telephone Number  |  |
| Enclosed is a check for th                    | ne 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 |  |
| Mailing Addres                                |   | Street Address:   | otion   |  |
| Registration Section Division of Corporations |   | Registration Section Division of Corporations                       |   |  |
| P.O. Box 632                                  | •   | The Centre of Tallahassee   |   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TESTOSTERONERX LLC   |   |           |
|--|---|-----------|
| (Name of the Limited Liability Company as it now app<br>(A Florida Limited Liability Company           | ears on our records.)<br>y)               |           |
| The Articles of Organization for this Limited Liability Company were filed on  Florida document number | 12/08/2022 and a                          | ssigned   |
| This amendment is submitted to amend the following:  |   |           |
| A. If amending name, enter the new name of the limited liability company                               | here:                                     |           |
| lealthy Vibes Clinic LEC   |   |           |
| he new name must be distinguishable and contain the words "Limited Liability Company," the             | e designation "LLC" or the abbreviation " | L.L.C."   |
| Inter new principal offices address, if applicable:  |   |           |
| Principal office address MUST BE A STREET ADDRESS)   |   |           |
|  | 923 FU<br>TA                              | -Y-Y      |
|  | <b>EB</b> -                               |           |
| nter new mailing address, if applicable:   |   |           |
| Mailing address MAY BE A POST OFFICE BOX)  | 20 TO                                     | П         |
|  | E S 2:                                    | <u> </u>  |
|  |   |           |
| 3. If amending the registered agent and/or registered office address on our                            | r records, <u>enter the name of the n</u> | ew regist |
| gent and/or the new registered office address here:  |   |           |
|  |   |           |
| Name of New Registered Agent:  | <del></del>                               |           |
| New Registered Office Address:   |   |           |
|  | Florida street address                    |           |
|  | Florida                                   |           |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|-------------|---------------------------------------|----------------|
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| Effective date, if other than the date of filing:  [Optional]  (optional)  (In a effective date is listed, the date must be specific and cunnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The effective date on the date of the first of the entire o |  |                          |                                 |  |   |
|--|--|--------------------------|---------------------------------|--|---|
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| Effective date, if other than the date of filing:  |  | <del>.</del> .           |                                 |  |   |
| Effective date, if other than the date of filing:  | C12                                      |                          |                                 | <del>.</del>   |   |
| Effective date, if other than the date of filing:  |  |                          |                                 |  |   |
| Effective date, if other than the date of filing:  |  |                          |                                 |  |   |
| Effective date, if other than the date of filing:  | <del></del>                              |                          |                                 |  | - · · <del>- ·</del>  |
| Effective date, if other than the date of filing:  | <u></u>                                  |                          |                                 | ··   |   |
| Effective date, if other than the date of filing:  |  |                          |                                 |  |   |
| Effective date, if other than the date of filing:  |  |                          |                                 |  |   |
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| Cynthia Davies Signature of a member or authorized representative of a member  | January 24                               |                          |                                 |  |   |
| Signature of a member or authorized representative of a member   | Dated                                    |                          | ·                               |  |   |
|  | Sí                                       | Cunthia Dad              | vies<br>uthorized representativ | e of a member  |   |
|  | `  |                          |                                 |  |   |