## L23000005600

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PICK-UP	WAIT MAIL
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CF 11/3/2023

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con			
Mindfillne	ss LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The anglessed Articles of	Amendment and fee(s) are sub-	nitted for filing	
	ondence concerning this matter		
	Joan Nesbitt		
		Name of Person	<del></del>
	Redworth Capital LLC		
		Firm/Company	
	868 W Street Road Unit 40	05	
		Address	
	Warminster, PA 18974		
	jnesbitt@mennenmedical.co		
For further information c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report noti II:	fication)
Joan Nesbitt		215 259-1028	
Name o	f Person	at () Area Code Daytim	e 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)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 24 AM 7: 33

Mindfillness LLC

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

The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/03/3}{2}$	2023	and assigned
Florida document number L23000005600			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
GM Physicians LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			
New Registered Office Address.	Enter Florida s	street address	
		Florida	
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my rovided for in Chap	duties, and I am fa pter 605, F.S. Or, i	miliar with and f this document is
If Chan	ging Registered Agent,	Signature of New Regi	stered 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
		<u></u>	□Add
			□Remove
			Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3, 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.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated 10/17/2023  Addit for a Signature of a member or authorized representative of a member  Angelia Adzic
hdelpløze
Signature of a member or authorized representative of a member
Angelia Adzic  Typed or printed name of signee

Filing Fee: \$25.00