# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CHISHOLM LAW FIRM, PLLC

Account Number : I20220000066 Phone : (407)674-2657 Fax Number : (888)545-5919

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

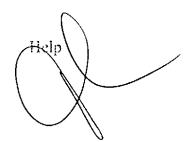
	Address:			
rmall	AUDITES:			

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OMNIA TRAUMA HEALING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu



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### **COVER LETTER**

TO: Registration S Division of Co						
OMNIA TR	AUMA HEALING, LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	Breanna McCarthy					
		Name of Person				
	Chisholm Law Firm, PLLC					
		Firm/Company				
	37 N Orange Ave., Suite 500					
		Address		-	2023 MAR	
	Orlando, Florida 32801					त प्रस्तु च पु
		City/State and Zip Code			$\overline{\omega}$	* 2000 3 
	E-mail address: (	to be used for future annual report no	tification)		3 H 4	, a d
For further information of	oncerning this matter, please ca	all:		<u></u> .`	6: 2 l	
Breanna McCarthy		407 674-2657 at ( )				
Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25,00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified (additional c	e of Status Copy		

### 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

OMNIA TRAUMA HEALING, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	)
The Articles of Organization for this Limited Liability C	ompany were filed on 01/10/2023	and assigned
Florida document number L23000011937		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words 'Limi	ted Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDR	ESS)	AR
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address bere:	office address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

#### 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.

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>	Name	Address	Type of Action
AMBR	ALYSSA GAVULIC HOWK	4556 REDBUD TRAIL NICEVILLE, FL 32578	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change ☐
			Remove Remove
			□Add
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			ПСішпус
		·	□Add
			□Remove
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (option fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the state inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d is filed.		
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i is filed.		
	The 90th	day after the
Mar 9, 2023		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00