

L2300000 49025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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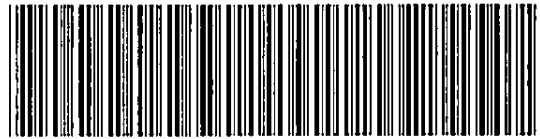
(Business Entity Name)

(Document Number)

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2023 APR 25 AM 11:06

SECRETARY OF STATE  
MAIL ASSISTANT

A. RIVERS  
A. RIVERS  
JUN 10 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FloraSeptic, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Ganey

\_\_\_\_\_  
Name of Person

FloraSeptic, LLC

\_\_\_\_\_  
Firm/Company

6104 River Terrace

\_\_\_\_\_  
Address

Tampa/Florida 33604

\_\_\_\_\_  
City/State and Zip Code

tim@bonepharm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Ganey

678 296-6902  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
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**

FloraSeptic, 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 01/26/2023 and assigned  
Florida document number 123000049025.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	TIMOTHY GANEY	6104 RIVER TERRACE	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARGARET GANEY	6104 RIVER TERRACE	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	PATRICIA GANEY	6104 RIVER TERRACE	<input type="checkbox"/> Add
		TAMPA, FL 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers in the United States.

2. **Methods:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included questions about demographic information, work-related factors, and mental health symptoms.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. Factors such as long working hours, exposure to COVID-19 cases, and lack of social support were associated with increased mental health issues.

4. **Conclusion:** The COVID-19 pandemic has had a profound impact on the mental health of healthcare workers. It is crucial for healthcare organizations and policymakers to implement interventions to support the mental well-being of these frontline workers.

5. **Limitations:** The study has several limitations, including a cross-sectional design, self-reported data, and a potential selection bias.

6. **Future Research:** Further research is needed to explore the long-term effects of the pandemic on healthcare workers' mental health and to evaluate the effectiveness of various support interventions.

(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)(b)

Signature of a member of \_\_\_\_\_ 2023

Typed or printed name of signee