

Florida Department of State  
 Division of Corporations  
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L2300023031235

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
 Account Number : I20090000081  
 Phone : (307)200-2803  
 Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN :**

**WINDYBUSH ACUPUNCTURE AND WELLNESS CENTER-LLC**

Certificate of Status	0
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2023 JUL 11 AM 11:58  
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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2023 JUL 11 PM 2:53  
 TALLAHASSEE, FLORIDA

JUL 12 2023  
 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTHOUSE ACUPUNCTURE AND WELLNESS CENTER 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 02/16/2023 and assigned Florida document number L23000084735

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: 125 W. Indiantown Road, Suite 201 Jupiter, FL 33458

Enter new mailing address, if applicable: 110 Bayberry Circle Jupiter, FL 33458

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

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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>
AMBR	MCCOOG, LISA	110 Bayberry Circle	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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