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08/22/24--01011--012 **25.00

COVER LETTER

TO: Reg	istration Section sion of Corporations		
		Therapy and U	Üellness, LLC
The enclosed	Articles of Amendment and fee(s) are	Submitted for City	
Please return a	Il correspondence concerning this ma	atter to the following:	
	Mat	HEW RIEDER	
		Name of Person	
	Renew Phy	51 (a) Therapy a	ud Wellness, LLC
	424 Ger	ntian Road Address	
	St. Augo	15TINE FL 3208 City/State and Zip Code	36
	trnew sto	City/State and Zip Code	
	E-mail address	indivellness (c) (to be used for future annual report notifi	2 gmail com
For further inforr	nation concerning this matter, please	and	ication)
	<u> </u>		
_ Matth	ew Rieder	at (904) 599. Area Code Daytime	Ellea
	Name of Person	Area Code Davis	-5959
		Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
\ <u>/</u>			
\$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S	rations ahassee treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renew Physical Thera (Name of the Limited Liability Compan (A Florida Limited Lia	vas (how appears on our records.)	2, LLC
The Articles of Organization for this Limited Liability Company w Florida document number <u>L2300011810</u> 0	, ,	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil		
N A The new name must be distinguishable and contain the words "Limited Liabilit	y Company" the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	3670 US 1 So Unit 100 St. Augustine, Fo	04th 4 32086
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	424 Gentian St. Augustine	Road FL 32086
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		e of the new registered
	Enter Florida street address	
	. Florida	r <u>o</u>
	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>	<u>Name</u>	Address	Type of Action
MGR	Sandra Rieder	424 Gentian Road	Add
		1124 Gentian Road St Augustine, FL 3208	86 □Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove

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Filing Fee: \$25.00