Τo:

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(((H24000367402 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

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

Email	Address:_			<u>.</u>	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINDFUL MOVEMENT PHYSICAL THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

T. LEMIEUX

Registration Section

Tallahassee, FL 32314

TO:

Tallahassee, FL 32301

COVER LETTER

2024-11-04 13:52:37 PST

Division of Cor	porations		
MINDFUL	MOVEMENT PHYSICAL TI	HERAPY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
Picase return an correspo	moence concerning this matter	to the tonowing.	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr	,,	
		Address	
	Austin, TX 78717		
		City/State and Zip Code	**************************************
	viktoria.witowic.2@gmail.c		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	olt:	
Mike Town		800 773-0888	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	oc following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n ations
Tallaha	issee, FL 32314	2661 Executive Cer	nter Circle

From: Candace Pringle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINDFUL MOVEMENT PHYSICAL THERAPY LL		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number 1.23000175302	were filed on 04/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8603 118th St. N	
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33772	2924 1
Enter new mailing address, if applicable:		4- 40j
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the r
Name of New Registered Agent:		*····························
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address, Flor	ida

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:

LegalZoom.com, Inc.

<u>l'itle</u>	Name	Address	Type of Action
			D Add
			Remove
			☐ Change
<u>-</u>	·		D Add
			Remove
		<u> </u>	Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			O Add
			Петоve
			☐ Change
<u></u>			Add
			☐ Change

Dated October 23 . 2024

Signature of a member or authorized representative of a member

Dr. Viktoria Witowic

To:

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00