8/2/23, 2:29 PM

Division of Corporations

Florida Department of State

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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:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOWN TO EARTH THERAPY SOLUTIONS, PLLC

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K. SALY

AUG - 3 2023

Registration Section

TO:

COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	DOWN TO EARTH THERAPY SOLUTIONS, PLLC					
SUBJECT		Name of Limited Liability Company				
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
		<u> </u>	Name of Person			
		Legalzoom.com, Inc.				
	Firm/Company					
		101 N Brand Blvd 11th Fl				
	Address					
		Glendale, CA 91203				
			City/State and Zip Code			
		kathezz@aol.com				
		E-mail address: (I	to be used for future annual report	notification)		
For further in	formation co	oncerning this matter, please ca	ill:			
Cheyenne M	oseley		800 773-088 at ()	x		
	Name of	Person		stime Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$ 25.00 Fi	iling 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 (edditional copy is enclosed)		
	MAILI	NG ADDRESS:	STREET/COL	JRIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL.
328 ANS-2 PN 9:
ALEANASSELLIESES

DOWN TO FARTH THERAPY SOLUTIONS, PLLC

(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 04/17/2023 _____ and assigned Florida document number ______123000187659 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 "LLC." 933 Lee Road, Suite 406 Enter new principal offices address, if applicable: Orlando, FL 32810 (Principal office address MUST BE A STREET ADDRESS) 933 Lee Road, Suite 406 Enter new mailing address, if applicable: Orlando, FL 32810 (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 __

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>	Address	Type of Action
AMBR	Rebecca White	· · · · · · · · · · · · · · · · · · ·	D Add
			□ Remove
	,	933 Lee Road, Suite 406, Orlando , FL 32810	■ Change
			🗆 Remove
			Change
			Remove
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			Change
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			□ Change

A second

Signature of a member or authorized representative of a member

Rebecca White

Typed or printed name of signee

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Filing Fee: \$25.00