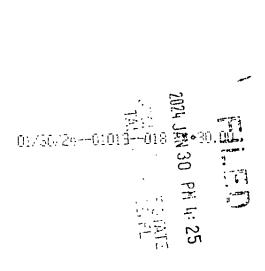
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

IO: Registration Se Division of Cor				•		
Embrace Me	obile IV Therapy, LLC					
UBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are sub					
	Toni McLean					
Name of Person Embrace Mobile IV Therapy, LLC						
	1485 Stokes Road	Firm/Company				
	Lake Wales, FL 33898	Address	, ,,,,-,			
	toniraemclean@gmail.com	City/State and Zip Code		. ~		
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	lication)	DZN JAN		
Toni McLean		863 232 0732 at ()		30		
Name of	f Person		e Telephone Number	2021 JAN 30 PM 4: 25		
Enclosed is a check for th	ne following amount:			1		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
Mailine Address		Stroot Address.				

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

(Name of the Lim	ited Liability Compa	any as it now appears on our rec Liability Company)	ords.)		
	(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited I.		were filed on April 18, 2023	aı	nd assig	gned
Florida document number 1.23000190936					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
Embrace IV Therapy, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviat	ion "L.L	.C."
Enter new principal offices address, if appli	1485 Stokes Road				
(Principal office address MUST BE A STRE	Lake Wales, FL 33898				
					<u> </u>
Enter new mailing address, if applicable:		1485 Stokes Road			
Mailing address MAY BE A POST OFFICE	BOX)	Lake Wales, FL 33898		20	
Maning data cas MATA BEATT OF TOTAL BOAS			7.40	2074 J N	763
				<u>Ξ</u> .	1-12-17 B
B. If amending the registered agent and/or	registered office	address on our records, <u>en</u> t	ter the name of th		registere
agent and/or the new registered office address here:				P	لم س د، { از آ
			[11ch	PM 4:	-
Name of New Registered Agent:				26	
New Registered Office Address:	1485 Stokes Ro	oad			
New Registered Office Address.		Enter Florida street ado	Iress		
	Lake Wales		Florida 33898		
		Citv		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>	Name	Address	Type of Action
 			□Add
			□Remove
			Change
			DAdd
			□Remove
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			□Add
			- Dikemove
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			Remove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 31, 2024 E. Effective date, if other than the date of filing: (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. January 31 2024 Dated _____ Toni McLean Signature of a member or authorized representative of a member Toni McLean Typed or printed name of signee