## L23000 206 177

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Only/Otate/Elp/1 Hone #)               |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2024 HAY 17 PM 2: 48 SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |                                 |                     |     |
|--|--|---|---------------------------------|---------------------|-----|
| SUBJECT:                                 | ) rTBvrKhv/c/<br>Name of Lin                               | er PLC C<br>nited Eliability Company  |                                 |                     |     |
|  | Amendment and fee(s) are subsidence concerning this matter |   |                                 |                     |     |
|  | Dr. Jus  | Name of Person  | V                               | -                   |     |
|  | <u> </u>   | LYKKNIKEY, PLA  | <u>L</u> C                      | -                   |     |
|  |  | Cir John Ruch Address   |                                 | -                   |     |
|  | LVT2,  | City/State and Zip Code  Chalcher agray 11. Coto be used for future agrand report notif | <del>-</del>                    | -                   |     |
| For further information coa              | E-mail address: (  neerning this matter, please or         |   | ication)                        | 2024 HAY<br>SECRET  | 1 L |
|  |  | at (6/0) 246 Area Code Daytime  | 5 - 80 //<br>2 Telephone Number | 2024 HAY 17 PM 2:48 |     |
| Enclosed is a check for the              | following amount:  |   |                                 | ' mi w              |     |
| □ S25.00 Filing Fee                      | S30.00 Filing Fee & Certificate of Status                  | ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)                      | Certified                       | te of Status &      |     |
|  |  |   |                                 |                     |     |

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

| Or J Burkholder, 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 $04/26/2023$ and assigned Torida document number $2/23000206/77$ .                       |            |
| his amendment is submitted to amend the following:   |            |
| a. If amending name, enter the new name of the limited liability company here:   |            |
|  |            |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the and eviation "L.L.G."                              | -          |
| Inter new principal offices address, if applicable:  | _          |
| Principal office address MUST BE A STREET ADDRESS)   | _          |
|  | _          |
| TC 2:  |            |
| Inter new mailing address, if applicable:  | _          |
| Mailing address MAY BE A POST OFFICE BOX)  | _          |
|  | _          |
| If amending the registered agent and/or registered office address on our records, enter the name of the new registegent and/or the new registered office address here: | <u>red</u> |
| Name of New Registered Agent:  |            |
| New Registered Office Address:   |            |
| Enter Florida street address   |            |
|  |            |

## 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.

Cuv

Zap Code

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     |
|--------------|-------------|---------|--------------------|
|              |             |         |                    |
|              |             |         | □Remove            |
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| . If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--|
| Please arrend Article III in The articles of wainstation   |
| Please averal Article III in The articles of wgintation<br>To be the following:  |
|  |
| This LLC is for any medical consulting work that  I perferm as well as any educational services I  provide an any subject.                           |
| I pertorn as well as my educational services I   |
| provide on my Subject.   |
|  |
|  |
| SEC THE  |
|  |
| SCO II I   |
| ETS 2:   |
|  |
|  |
| Effective date, if other than the date of filing:  |
| 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 cord is filed. |
| Dated  |
| Signature of a number or authorized representative of a member   |
| Ov. Justin D. Burkhalelus Typed or printed name of signee  |