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PICK-UP WAIT MAIL
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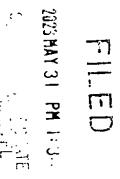
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COVER LETTER .

	Registration Se Division of Cor		·	e.
SUBJEC.	Injury Treat	ment Center LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	······································
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Mark A. Seldes		
			Name of Person	
		Injury Treatment Center L	LC	
			Firm/Company	
		5811 Memorial Hwy Suite	103	
			Address	
		Tampa FL. 33615		
			City/State and Zip Code	
		itreatcenter23@gmail.com		
For furthe	r information co	E-mail address: (nocerning this matter, please c	to be used for future annual report i	notification)
Mark A. S	Seldes		8i3 2447457	
	Name of	Person		time Telephone Number
Enclosed i	is a check for th	e following amount:		
₩ S25.0	O Eiling Fee	S30.00 Filing Pee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F	Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration : Division of C	Section Corporations
	P.O. Box 6321 Fallahassee, F		The Centre o 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Better Health Injury Rehabilitation Clinic LLC (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 05/24/2023 and assigned Florida document number L23000253675 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Injury Treatment Center, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			DChange
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			□Change
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			□Remove
			Change
			□Add
			□Remove
			□ Change

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 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated May 26 2023 May A. Seldes				·-····································				
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Filing Fee: \$25.00