123000340985

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARIA SELECTION TANE

COVER LETTER

Division	n of Corporations			
	e Ostomy Dietitian			
The enclosed Art	rticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	Amalia Karlin			
	Name of Person			
	The Ostomy Dictitian			
	Firm/Company			
	2471 NE 199th St			
	Address			
	Miami FL, 33180			
	City/State and Zip Code			
	amaliakarlin@gmail.com	36	202	
	E-mail address: (to be used for future annual report notification)		2023 SEP 27	cr.
For further inform	mation concerning this matter, please call:		-5 ¹	, z.
Amalia Karlin	305 713-0123 at ()	.>		1.44 1
	Name of Person Area Code Daytime Telephone Number	11.	Р <u>и</u> ::	ا میں ا انسان اس میں ا
Enclosed is a che	eck for the following amount:	·	رد 	
■ \$25.00 Filing	rig Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

The Ostomy Dietitian			
(Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Orlida document number 1.23000340985	Company were filed on July 1	8, 2023 and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here	:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	gnation "LLC" or the abbreviation "L.L.	2.7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our reco	ords, enter the name of the new	2023 SEP 2 SECRETAL TALESAN
Name of New Registered Agent:			7 PH
New Registered Office Address:	Enter Florida	street address	11 <u>11 </u>
		. Florida	m on
	City	Zip 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 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
MGR	Amalia Karlin	2471 NE 202 ST	≣Add
		Miami FL, 33180	□Remove
			☐Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			☐ Change
			
			ALC 23 SEP
			2023 SEP 27 PM 1: 16 SECRETARY OF STATE TALL AND COMMENT OF STATE Of the state of t
			□Remove □
			Change
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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.

Dated September 19 2023

Signature of a member or authorized representative of a member

Amalia Karlin

Typed or printed name of signee

Filing Fee: \$25.00