L23000343848

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ALLAHASSEE, FLORIDA

COVER LETTER

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Registration Section

TO:

Division of Co	orporations		
J.R. PHLE SUBJECT:	BOTOMY, LLC		
SOBSECT.	Name of Lin	nited Liability Company	
721			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	ERIC ORR		
	·-	Name of Person	
	NEORR & ASSOCIATES	S, LLC	
		Firm/Company	
	4300 W. LAKE MARY B	;VD. #1010-264	
		Address	
	LAKE MARY, FL 32746		
		City/State and Zip Code	
	e.orr@neorrassociates.com		
For further information c	n-man address: concerning this matter, please c	to be used for future annual report no	tification)
	wheering this matter, please c		
ERIC ORR		407 832-1490 at ()	_
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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 (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Fallahassee
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG -3 PM 12: 10

J.R. PHLEBOTOMY, 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 July 20, 2023 and assigned Florida document number <u>L23000</u>343848 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA
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 ___ City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOYCE ROBINSON	2731 NW 1st STREET	
		BOYNTON BEACH, FL 34435	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			DRemove
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Filing Fee: \$25.00