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COVER LETTER

	stration Sec sion of Corp			•	
COLUMN PERSONS	•	lobile Therapy LLC		•	
ounce.	,	Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Mekaael Mahmoud			
			Name of Person		
		Dynamic Mobile Therapy l	LLC		
	Firm/Company				
		21208 waymouth			
			Address	····	
		estero fl ,33928			
		meka@dynamicmobilerehal	City/State and Zip Code		
		• •	to be used for future annual report no	otification)	
For further in	formation co	oncerning this matter, please ca	ıH:		
Mekaael Mah	moud		239 361-2890 at ()		
	Name of	Person	Area Code Dayti	ime Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	ling 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 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 Limit	ed Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li	and assigned		
Florida document number L23000348051	<u> </u>		
his amendment is submitted to amend the following	owing:		
a. If amending name, enter the new name of	f the limited liab	ility company here:	
Dynamic Mobile Therapy Contracting LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	21208 waymouth run	
Principal office address MUST BE A STREE	T ADDRESS)	Estero, FL,33928	~
			023
Enter new mailing address, if applicable:		21208 Waymouth run	MUG -3
	ROY)	Estero, Fl. , 33924	
Mailing address MAY BE A POST OFFICE BOX)			- 25
			2
B. If amending the registered agent and/or regent and/or the new registered office address	•	address on our records, <u>enter the</u>	e name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	<u>N/Λ</u>	Enter Florida street address	
	N/A		ia
		, Floric	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 Degistered Agent Sign	ature of New Degistered Agent
If Changing Registered Agent, Sign	ature 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
	,	.)	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature & a member or authorized representative of a member Mekagel Mahmond Typed or printed name of signee