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COVER LETTER

TO:

Registration Section

Division of Co	rporations .	•	
SUBJECT:	GREEN RELIEF FA	MILY PRACTICE LLC	
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		KENDRA TORRES	
		Name of Person	
	GREEN	RELIEF FAMILY PRACT	TICE LLC
		Firm/Company	
	1103	W EMMETT STREET	
		Address	
		KISSIMEE, FL 34741	
		City/State and Zip Code	
		ATORRES948@GMAIL.C	
For further information		to be used for future annual re	port notification)
	oncerning this matter, please o	all;	
	TORRESS	407 at ()	412-2021
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Division of The Central 2415 N. M.	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite 810 ee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN RELIEF FAMILY PR	ACTICE LLC 2023 (1)	711 P.: 5: 16
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	- , 🗸
The Articles of Organization for this Limited Liability Company Florida document number L23000433422	were filed on 09/18/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1103 W EMMETT ST	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34741	
Enter new mailing address, if applicable:	1103 W EMMETT STREET	
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34741	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

11 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
	·	🗆 Add	
		□Remove	
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KENDRA TORRES		Signature of a member or authorized representative of a member
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