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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
CORI NP LI	C		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CHRISTOPHER DAVIS,	СРА	
		Name of Person	
	BREVARD ACCOUNTIN	∛G GROUP, CPAs, PA	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm/Company	
	BREVARD ACCOUNTING GROUP, CPAs, PA  Firm/Company  150 FORTENBERRY RD VILLA A  Address  MERRITT ISLAND, FLORIDA 32952  City/State and Zip Code  CJD@BAGCPA.COM  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  R DAVIS  321 452-5061		
		Address	<del></del>
	MERRITT ISLAND, FLO	PRIDA 32952	
		City/State and Zip Code	
			·-
		·	fication)
For further information co	ncerning this matter, please c	all:	
CHRISTOPHER DAVIS		321 452-5061 at ( )	
Name of	Person		e Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Address:</u> Registration Se		<u>Street Address:</u> Registration Se	ction
Division of Co	rporations	Division of Cor	porations
P.O. Box 6327 Tallahassee, Fl		The Centre of T	Tallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORI NP LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on 10/09/2023 and assigned
Florida document number L23000464493	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	npany here:
JUST LAVENDER FUNCTIONAL MEDICINE LLC	~:. <b>2</b>
The new name must be distinguishable and contain the words "Limited Liability Com	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	至五
Principal office address MUST BE A STREET ADDRESS)	0 111
	71 3 0
Enter new mailing address, if applicable:	23
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:  Name of New Registered Agent:	on our records, enter the name of the new regis
	**************************************
New Registered Office Address:	Enter Florida street address
	Florida
Cin	, Florida 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

Title	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			DAdd
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Note: 1	we date, if oth ctive date is liste If the date inser ent's effective c	ted in this blo	ock does not	meet the appl	icable statuto	ng or more than ry filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant to $\epsilon$ ate will not be $1$	05.0207 isted as
e record rd is file		ayed effective	e date, but no	et an effective	time, at 12:0	l a.m. on the e	artier of: (b)	The 90th day at	fter the
Dated _	IUNE 4TH			2024	·	entative of a mer			
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Filing Fee: \$25.00