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Division of Corporations

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From:

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| Email | Address: | naturalfamilymedchiro@gmail.com |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAVES OF WELLNESS CHIROPRACTIC, LLC

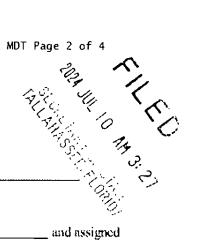
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WAVES OF WELLNESS CHIROPRACTIC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | 2 |
|--|--|---|------------------------------|
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NATURAL FAMILY MEDICINE AND CHIROPRACTIC ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | The Articles of Organization for this Limited Liability Compan | y were filed on 11/30/23 | and assigned |
| A. If amending name, enter the new name of the limited liability company here: NATURAL FAMILY MEDICINE AND CHIROPRACTIC ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 document number L23000533850 | | |
| NATURAL FAMILY MEDICINE AND CHIROPRACTIC ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | This amendment is submitted to amend the following: | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | A. If amending name, enter the new name of the limited lia | bility company here: | |
| 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent und/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | Enter new principal offices address, if applicable: | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | (Principal office address MUST BE A STREET ADDRESS) | | |
| B. If amending the registered agent und/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | | | |
| B. If amending the registered agent und/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | knter now moiling uddress if annicable | | |
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| Name of New Registered Agent: New Registered Office Address: Enter Florida street address | (Humang dauress MAT BE A FOST OFFICE BOX) | 100 000 000 000 000 000 000 000 000 000 | |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street address | | | ds, enter the name of the ne |
| New Registered Office Address: Emer Florida street address | | ······································ | |
| Enter Florida street address | Name of New Registered Agent: | | |
| Enter Florida street address | New Registered Office Address: | | |
| City Zip Code | | | |
| City Zip Code | | , F | lorida |
| | | City | Zip Code |

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

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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 |
| | | | Remove |
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| | | | ☐ Remove |
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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: N/A III or otherwe date is brook the date must be specific and cannot be prior to date of filing en more than 96 days effect thing) Possible in 665 0207 (3 feb. Note: If the date inserted in this block those not meet the applicable statutory filling requirements, this date will two be listed as the document's affective 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. David July 9th 2024 Macie Biermann Typed or primed name of signer

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