L24000024918

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
J. HORNE OCT 2 4 2024

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10/07/24--01021--011 **25.00

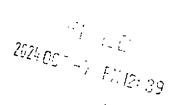
2024 OC. -7 PT 12: 3:

COVER LETTER

TO: Registration Section

Division of Cor	porutions		
	ER HYPNOTHERAPY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	John B. Miller		
		Name of Person	
	J. B. MILLER HYPNOTH	ERAPY, LLC	
		Firm/Company	
	6522 NW 30th Ter		
		Address	
	Gainesville, Florida, 32653	3	
		City/State and Zip Code	
	jbmillerhypnotherapy@gma E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all:	
John B. Miller		352 225-1098 at ()	
Name o	rt Person		e Telephone Number
Enclosed is a check for t	he 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 Address		Street Address:	ation.
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of T	allahassec
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



J. B. MILLER HYPNOTHERAPY, I			
(<u>Name of the Limite</u>)	d Liability Company as i A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Lia Florida document number L24000024978		filed on 01/11/2024	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Co	npany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
<u>Principal office address MUST BE A STREET</u>	ADDRESS)		
			
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE B	<u></u>		
3. If amending the registered agent and/or re agent and/or the new registered office address	• •	ss on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	-		
New Registered Office Address:		Enter Florida street address	
		Flori	ida
	· · · · · · · · · · · · · · · · · · ·	ity	idaZip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John B. Miller	6522 NW 30th Ter	
		Gainesville, Florida, 32653	□Remove
			■ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
			□Remove
			Change
	_,,,		\ _Add
			□Remove
			Change
			
			□Remove
			□ Change

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Note: I	we date, if other than the date of filing:
he record ord is file	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
Dated _	October 2nd 2024/
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00