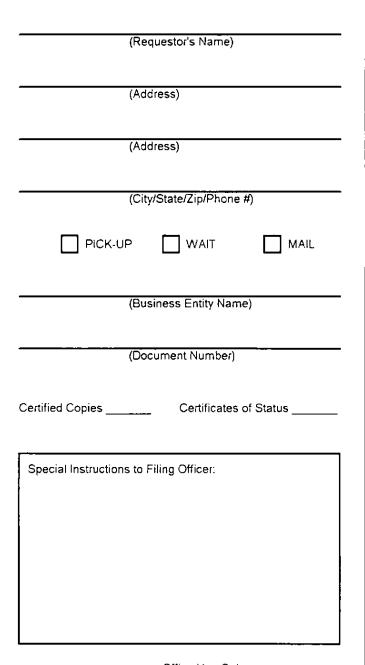
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TO:

	istration Se sion of Cor					
EUDIUCT.	CHATTER PEDIATRIC THERAPY, PLLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		HAMMADAH WAHLQU	IST			
			Name of Person			
		CHATTER PEDIATRIC T	HERAPY, PLLC			
			Firm/Company			
		11287 NW STATE ROAD	20			
			Address	 		
		BRISTOL, FL 32321				
			City/State and Zip Code			
		HAMMADAHTALIBI@G				
		E-mail address: (to be used for future annual report noti	fication)		
For further in	formation c	oncerning this matter, please ca	ıll:			
HAMMADAH WAHLQUIST			850 570-7178 at ()			
	Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
\$25.00 F	iling Fee	S30.00 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:	otion			
Registration Section Division of Corporations				Registration Section Division of Corporations		
P.O. Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHATTER PEDIATRIC THERAPY, PLLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.24000192947}{1.24000192947}$	ompany were filed on APRIL 24, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	~
		ω
		P
Enter new mailing address, if applicable:		1900 W
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	. Florid	la
	City	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.

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records, ecord 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 stilled.		·····	.					
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Signature of a member of authorized representative of a member		17TH		2024				
	ted MAY	Manua	dal U	teldar	-			

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
AMBR	ELYSE VAN WAGENEN	67 STONE WAY, CRAWFORDVILLE, FL 32327	= Add
			□Remove
			[]Change
	-		□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
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