6/17/24, 12:31 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACHIEVE WELLNESS AND PHYSICAL THERAPY LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

17

Help

Jun. 15. 2024 2: 188M

Mc. 0419 P. 6

COVER LETTER

	itration Section of Corp			
SUBJECT:	аснівув у	VELLNESS AND PHYSICA	L THERAPY LLC	
SOBJECT: _		Name of Lim	tted Liability Company	
The enclosed	Articles of A	mendment and Re(s) are sub	mitted for filing,	
Please return a	ill correspon	dence concerning this matter	to the following:	
		Mike Town		
•			Name of Person	
		Legalzoom.com, Inc.		
			Ftrm/Company	Mariniana de la como
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		amberbrady0114@gmail.co	City/State and Zip Code	<u>,,,,,,,,,</u>
		E-mail address: (to be used for future annual report notifi	cation)
For further inf	ormation co	ncerning this mailer, please co	all:	
Mike Town			800 773-0888 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	following amount:		
() \$25,00 Fi	Ung 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREST/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Jun. 15.12024 2:15FM

No. 0419 P. 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACHIEVE WELLNESS AND PHYSICAL THERAPY LLC (Name of the Limited Liebillity Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/01/2024 ____ and assigned Florida document number L24000203089 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2518 Burnsed Blvd., Suite 441 Enter new principal offices address, if applicable: The Villages, FL 32163 (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

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.

New Registered Agent's Signature. If changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

uen. 15. 2024 | 2:158M

MGR = Manager

:

No. 0419 P. 8

_Cliange

LegalZoom.com, Inc.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	authorized Member		
Title	Name	Address	Type of Action
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