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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000052 Phone : (323)962-8600 : (323)389-0502 Fax Number

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

Emzil	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAISING ARROWS THERAPY LLC

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Registration Section

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TO:

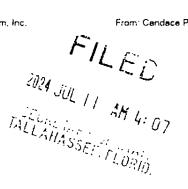
COVER LETTER

Division of Co.	rporations						
	ARROWS THERAPY LLC						
SUBJECT:	Name of Lit	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are suf	unitled for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Mike Town						
		Name of Peison	-				
	Legalzoom.com, Inc.						
		FunvCompany					
	9900 Spectrum Dr						
		Address					
	Austin, TX 78717						
		Thy/State and Zip Code					
	amjanuary l@yahoo.com						
	E-maii address: (to be used for future annual report notifi	cation)				
For further information c	oncerning this matter, please c	all:					
Mike Town		800 773-0858					
Name o	f Person	at () Area Code Daytine	Telephone Number				
Enclosed is a check for the	on folioning guards						
	-	Charles on the late of	FI EZO BO LURAN Fran				
□ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	「最 \$55.00 Filing Fee & Certified Copy (idditional only is enclosed)	[1] \$60.00 Filing Fee, Cartificate of Status & Cartified Copy (addition/copy is enclosed)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassoe, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



RAISING ARROWS THERAPY LLC		
(Name of the Limited Link (A Flee	office Company as it now appears on our records Limited Lability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number 1,240,0920,5501		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new manie must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		······································
(Principal office address MUST RE 4 STREET ADD	DRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida svewt add	reas
<u></u>		Florida
	City	7ip 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 heing filed to merely reflect a change in the registered office address. Thereby 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>Titte</u>	Name	Address	Type of Action
AMBR	JANUARY, ANA MARIE C		D Add
			□ Remove
		1855 Parin Terrace Rd Kindred, FL 34744	Change
AMBR	JANUARY, JEFFREY L		
-		382 NE 191ST ST #681464	■ Remove
			☐ Change
			[] Add
			□ Remove
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e record specifies a The 90th day after	delayed effect the record is f	ive date, but i iled.	not an effecti	ve time, at 12:0	1 a.m. on th	e earlier of:
ated July	10 A. A.	. 202	4			
	TIM Signature	of a member of at	pherized represent	ative of a member		
	-	V	-			

Page 3 of 3

Filing Fee: \$25.00