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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

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

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M. SOLOMON

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COVER LETTER

TO:	Registration Section
	Division of Corporations

Raising Arrows Therapy, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mike Town Name of Person Legalzoom.com, Inc. Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code amjanuary l@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 Mike Town Daytime Telephone Number Name of Person

Enclosed is a check for the 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ter Florida street address
, Florida Zip Code
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this capacity. I further agree to comply with the ace of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is thereby confirm that the limited liability

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To-

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 = N AMBR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	. Page: 16 of 36	2024-11-25 17:10.12 PST	13236068205	From: Rajiv
D. If a	nending any other information	i, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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	record specifies a delayed ef ne 90th day after the record		ive time, at 12:01 a.m. on the	earlier of:
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