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COVER LETTER

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TO: Registration S Division of Co			
SUBJECT: KRISTY I	PILKERTON, LLC		
-	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jonathan Levine		
		Name of Person	
	Galvan Messick, PLLC		
		Firm/Company	
	951 Yamato Road, Suite 2	250	
		Address	
	Boca Raton, Florida 3343	I	
		City/State and Zip Code	
	jlevine@galvanmessick.com		
For further information	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
TO SUITBEL MIOLIMATION C	oncerning this matter, please c	ан:	
Dr. Kristy Pilkerton		at (205) 353-2334	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of T	Tallahassee
Tallahassee, I	TE 02014	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KRISTY PILKERTON, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our red Lability Company)	cords.)
The Articles of Organization for this Limited Liability Company	y were filed on 5/23/2024	and assigned
Torida document number L24000238848		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "	4.
Inter new principal offices address, if applicable:		4 A
Principal office address MUST BE A STREET ADDRESS)		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Inter new mailing address, if applicable:		- 20. 20 20 20 20 20 20 20 20
Mailing address MAY BE A POST OFFICE BOX)		>:
 If amending the registered agent and/or registered office 	address on our records, en	ter the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida Zip Code
	f im.	

Thereby 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>	Name	<u>Address</u>	Type of Action
MGR	KRISTY PILKERTON	3149 N COURTENAY PKWY	■Add
		MERRITT ISLAND, FL 32953	□Remove
			□Change
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
	·		□Add
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		-	□Add
			□Remove

Effective date, if other than the date of filing: (Optional) (If an effective date is liked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 685 0207 Solve: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 rd is filed. Dated August 28 2024 Nignature of a member or authorszed representative of a member		
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Signature of a member or authorized representative of a member	Pated August 28 2024	
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Signature of a member or authorized representative of a member	-9/10/5/10/2	
	Signature of a member or authorized representative of a member	
KRISTY PILKERTON	Typed or printed name of signee	