



(Re	equestor's Name)	
(Ad	ldress)	-
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Capies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subi	mitted for filing.	
		ndence concerning this matter		
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
For fort	ner information c	E-mail address: (i	to be used for future annual report notific	eation)
	ici illiaman ex			
	Name of	l'Person	at () Area Code Daytime '	Felephone Number
Enclose	d is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sect	ion

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYNN THERAP		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records, hability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 240003138/2</u> .	were filed on $\frac{7/15/2}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20.22
		1 -1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-N/X	2.2
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
<u></u>		orida
	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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Lior Moshe-Roman	1511 NW 113th Way Pembroke Pin	F L 7302 <u>CL</u> ⊅IAdd
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Effect	ve date, if other than the date of filing: (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to
	ent's effective date on the Department of State's records.
	d 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 fi	ed.
	7 76 70 //
Dated	Juy 26 . 2024 /
	Signature of a member of authorized representative of a member
	L'or Mishe-Romano

Filing Fee: \$25.00