LZH 000 33H SH7

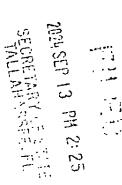
	equestor's Name)		
(Re	equestor's Mamer		
(Ad	ldress)		
(Address)			
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(50	Siness Emity Har	110)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filina Officer:		
	3		
			

Office Use Only



900436463649

09/13/24--01020--017 **25.00



COVER LETTER

TO:

TO: Registration Division of C				
Relationa	nl Wellness Roadmap LLC			
SUBJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Brittany Carswell			
		Name of Person		
	Relational Wellness Roads	map	2 07	
		Firm/Company	TAL	
	205 S. Hoover Blvd. Ste. 2	202	15 P	
		Address		
	Tampa, Fl 33609		2024 SEP 13 PM 2: 25 SECRETARIZADE ATTAIL AND ADMINISTRATION AND ADMIN	
		City/State and Zip Code	25	
	drcarswell@wellnesspsychs		· 	
	E-mail address: (to be used for future annual report notif	fication)	
For further information	concerning this matter, please c	all:		
		at ()		
Name	e of Person	Area Code Daytime	e Telephone Number	
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 Addr		Street Address:	ntion.	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		C" or the abbreviation 1. L.C. 3
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LI.	C" or the abbreviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		25
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
, -	, F	lorida Zip Code
	City	zip Coae

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 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	Brittany Carswell	7901 4th St. N Ste. 300	■ Add
		Saint Petersburg, Fl 33702	□Remove
			□Change
			□Remove
		Change SECHET CARD	
			Remove
			P P P P P P P P P P P P P P P P P P P
			□Add
			□Change
			
			□Remove
			□Change
			□Remove □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated September 6th 2024 Signature of a member or authorized representative of a member Brittany Carswell Typed or printed name of signee

Filing Fee: \$25.00