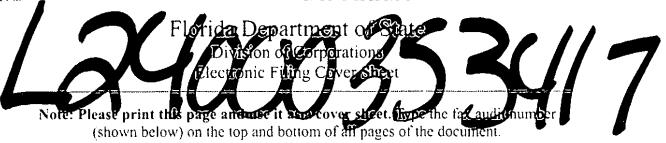
11/12/24, 4:42 PM

Division of Corporations



(((H240003764413)))



H240003764413ABC+

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : T20010000062

: (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. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 병물로 FORT MYERS HEALTH & WELLNESS CLINIC LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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T. LEMIEUX Help

Page, 3 of 6

## **COVER LETTER**

	gistration Sect vision of Corpo				
(12.50) 500 6150		RS WELLNESS CLINIC LLC			
SUBJECT:		Name of Limit	ed Liability Company		<del></del>
The encloses	d Articles of A	mendment and fec(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		Mike Town			
			Name of Person		
		Legalzoom.com. Inc.			
Firm/Company				<del></del>	
9900 Spectrum Dr					
			Address		
		Austin, TX 78717			
			City/State and Zip Code		
		mmiktuk@speediemaintona		and the state of t	<del></del>
		·	o be used for future annual re	epon nonneanon)	
For further	information co	ncerning this matter, please ca	11:		
Mike Town	1		at ()	-0888	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the	: following amount:			
S25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is encl.)	osed) (	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

FORT MYERS WELLNESS CLINIC LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 08/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Forth Myers Health & Wellness Clinic LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		iter the name of the nev
Transcription Transcription		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Florid	. 8 <b>3 5</b>
	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.

\_□ Change

Page: 5 of 6

To:

2024-11-12 13:45:18 PST

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
		<del></del>	□ Remove
			Change
			□ Add
			Remove
			Change
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			□ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove

D. If a	Page: 6 of 6 mending any other information	2024-11-12 13:45:18 PST on, enter change(s) here: <i>(Attach a</i>	LegalZoom.com, Inc dditional sheets, if necessary.)	From, Candace f
D. II a	menoning any other recommen	,	_	
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(If a	fective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior to date of the ock does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursury filing requirements, this date will no	ant to 605.0207 (3)(b) of be listed as the
If the	e record specifies a delayed The 90th day after the rec	i effective date, but not an effec ord is filed.	ctive time, at 12:01 a.m. on th	e earlier of:
D	ated August 28	2024.  Signature of a member or authorized repres		
	Mareann	Signature of a member or authorized repres	sentative of a member	- <del></del>
	Marianne Miktuk			
		Typed or printed name of s	ignee	

Page 3 of 3

Filing Fee: \$25.00