124000397442

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration So Division of Cor			·
	alth Services		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	·	
riease tetum an correspo	Lynne Thall	to the transwing.	
		Name of Person	
	LT Telehealth Services		
		Firm/Company	
	1241 Overlook Rd		
		Address	
	Eustis, FL 32726		
	_lynnethall@gmuil.com E-mail address: (City/State and Zip Code Lynne Thall A to be used for future annual report noti	PRN @ gmail. com
For further information of	concerning this matter, please c	all:	
Lynne Thall	of Person	321 228-8033 at ()	e Telephone Number
			•
Enclosed is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LT Telehealth Services		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L24000397442	were filed on 9/11/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
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:	2880 David Walker Dr. #324	
Principal office address MUST BE A STREET ADDRESS)	Eustis, FL 32726	
Enter new mailing address, if applicable:	2880 David Walker Dr. #324	<u>. </u>
Mailing address MAY BE A POST OFFICE BOX)	Eustis, FL 32726	
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>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 any of $\frac{1}{3}$	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
_ Up	dated phone: 352-552-8860
_Up	dated phone: 352-552-8862 dated email: Lynne Thall APRN @gmail.c
	
	
(If an effective date is list Note: If the date inso	her than the date of filing:
ne record specifies a de ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	th 2024
	Signature of a member or authorized representative of a member
Lynne Th	all
	Typed or printed name of signee