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2025 APR 23 PM 5:57

STATE
TALLAHASSEE, FL

cf- 4/18/2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COREMOTION PILATES & PHYSICAL THERAPY, SAN MARCO, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Henne

Name of Person

COREMOTION PILATES & PHYSICAL THERAPY, SAN MARCO, LLC

Firm/Company

368 North Roscoe Blvd

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

coremotionmgt@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Henne

678 491-0163
at ()

Name of Person

Area Code

Daytime 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 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**

COREMOTION PILATES & PHYSICAL THERAPY, SAN MARCO, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2025 APR 23 PM 5:57
CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/10/2024 and assigned
Florida document number L24000512500 **FEIN: 33-2760854**

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Coremotion San Marco, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

3911 Hendricks Avenue

Jacksonville, Florida 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

368 North Roscoe Boulevard

Ponte Vedra Beach, FL 32082

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael Henne

New Registered Office Address:

368 North Roscoe Boulevard

Enter Florida street address

Ponte Vedra Beach

City

Florida 32082

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 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

[illegible]

[illegible]

(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.

Dated April 16, 2025

Signature of a member or authorized representative of a member

SHANNON HENNE
Typed or printed name of signee

Filing Fee: \$25.00