L25000 68168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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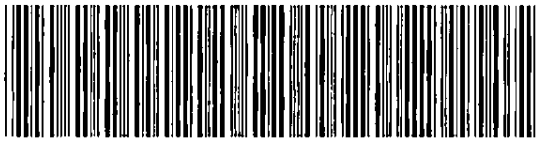

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FILED
2025 FEB 25 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Riddle Health & Wellness 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:

Tricia Riddle
Name of Person

Firm/Company

768 SE River Lane
Address

Port St Lucie FL 34983
City/State and Zip Code

TriciaaRiddle@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tricia Riddle at (305) 746-2846
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

Riddle Health & Wellness LLC

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

The Articles of Organization for this Limited Liability Company were filed on Feb 10, 2025 and assigned Florida document number L25000068168.

This amendment is submitted to amend the following:

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

Riddle Wellness PLLC

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2025 FEB 25 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: N/A

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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.

N/A

_____
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

Title	Name	Address	Type of Action
AR AMBR	Ronnie Riddle		☐Add
		768 SE River Lane Port St. Lucie FL 34983	☒Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing to PLLC Professional Service

copy of License attached, copy of certification attached

Purpose Statement:

The purpose of this PLLC is to provide advanced nursing and healthcare services, including diagnosis, treatment, condition management, health promotion, and disease prevention, within the scope of practice of a licensed nurse practitioner

E. Effective date, if other than the date of filing: February 7, 2025 **(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 February 18, 2025.

Signature of a member or authorized representative of a member

Tricia Riddle

Typed or printed name of signee

Filing Fee: $25 (M)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
FEBRUARY 12, 2025	**APRN 11017304**	**243445**

THE ADVANCED PRACTICE REGISTERED NURSE NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Nurse Practitioner

EXPIRATION DATE: **APRIL 30, 2027**

TRICIA ANN RIDDLE
514 SE PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL - 34984

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

ANCC
AMERICAN NURSES CREDENTIALING CENTER
CERTIFICATION

The Commission on Certification grants

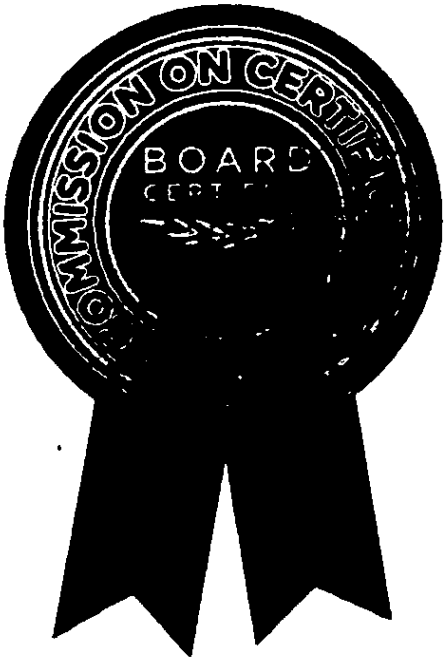
Tricia Riddle

the credential of

FAMILY NURSE PRACTITIONER
FNP-BC

valid from December 9, 2021 to December 8, 2026

Certification Number: 2021117948



Heidi McNeely

Heidi McNeely, MSN, RN, PCNS-BC
Chair, Commission on Certification

Rhonda Anderson DNSC(h), MPA, RN, FAAN

Rhonda Anderson, DNSC(h), MPA, RN, FAAN
President, American Nurses Credentialing Center

ABSNC Accreditation Board for Specialty Nursing Certification
formerly the ABNS Accreditation Council

This ANCC certification is accredited by the National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification.