Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000061590 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY

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Fax: 18134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2025 FEB 18 PH 4:58
ALLAH MARKET FLOWING

ElevateEQ Health PLLC

(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 Florida document number <u>L25000051728</u> | were filed on 01/29/2025 | 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.I.,C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>e</u> | nter the name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street a | address |
| | ALIENSE A TOUR VISION DES CONTRACTOR | |
| | | _, Florida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax: 18134365206

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|--------------------------|----------------|
| MGRM | Omodt, Jenner | 7901 4th St N STE 300 | ∑ JAdd |
| | | St. Petersburg, FL 33702 | □Remove |
| | | | [] Change |
| MGRM | Omodt, Brittanle | 7901 4th St N STE 300 | X)Add |
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| Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date o | this block does not m | ect the applicable | te of filing or more than 9 statutory filing require | (optional) 10 days after filing.) Pu ements, this date wil | rsuant to 605.0207 (3)(b) I not be listed as the |
| ne record specifies a delayed ord is filed. | effective date, but not a | an effective time, | nt 12:01 a.m. on the ea | rlier of: (b) The 9 | 0th day after the |
| Dated | | 2025 . | | | |
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Typed or printed name of signee