

207000124165

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR - 9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Aboard Therapy of the Treasure Coast, 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:

Anna Jones Elliott
Name of Person

All Aboard Therapy of the Treasure Coast, LLC
Firm/Company

2170 45th Street
Address

Vero Beach, FL
City/State and Zip Code

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

For further information concerning this matter, please call:

Anna Jones Elliott at (772) 359-7194
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
4-1-2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

All Aboard Therapy of the Treasure Coast, 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 12-13-2007 and assigned Florida document number L07000124165.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

2050 - 40th Ave
Suite 1
Vero Beach FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2050 - 40th Ave
Suite 1
Vero Beach, FL 32960

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: _____

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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title Name Address Type of Action

Managing
Member

Hope Lusk 2050-40th St., Ste # 1 Add
Vero Beach FL 32960 Remove

managing
Member

Livya Barreirinhas 2050-40th St., Ste # 1 Add
Vero Beach, FL 32960 Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

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 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: April 1, 2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 10, 2015.

Anna Elliott
Signature of a member or authorized representative of a member

Anna Jones Elliott
Typed or printed name of signee

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TALLAHASSEE, FLORIDA