L09000042714

(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:

A. LUNT

OCT 25 2011

EXAMINER

Office Use Only

700210662727

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08/08/11--01003--001 **35.00

FILED
2011 OCT 24 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2011

SAMIRA JEAN LOUIS
140 NE 173 STREET
MIAMI, FL 33162

SUBJECT: S & A THERAPY SERVICES LLC
Ref. Number: L09000042714

We have received your document for S & A THERAPY SERVICES LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 711A00018805

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** S&A Therapy Services LLC

**DOCUMENT NUMBER:** L90000427714

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samira Jean-Louis
Name of Contact Person

Firm/ Company

140 NE 173 Street
Address

Miami Florida 33162
City/ State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Samira Jean-Louis at (305) 467-6860
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- [X] $35 Filing Fee
- [ ] $43.75 Filing Fee & Certificate of Status
- [ ] $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- [ ] $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

S&A THERAPY SERVICESS 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 ~~08/09~~ erasure 5/14/09 and assigned Florida document number L09000042714

This amendment is submitted to amend the following:

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

NEW HORIZON THERAPY

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)***

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

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**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:***

**MGR = Manager**
**MGRM = Managing Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |

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

_____

_____

_____

_____

_____

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

Samira Sean-Louis
_____
Typed or printed name of signee



**Filing Fee: $25.00**