

L15 000211536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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04/22/22--01009--025 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUN 30 PM 3:19

T. MATTHEWS

JUL 15 2022



RECEIVED

2022 JUN 30 AM 10:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAHASSEE

June 9, 2022

JUDITH PASOS LANDAU
10601 SW 116TH AVENUE
MIAMI, FL 33176

SUBJECT: NEW EARTH THERAPY, LLC
Ref. Number: L15000211536

We have received your document for NEW EARTH THERAPY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 922A00012884

COVER LETTER

**TO: Registration Section
Division of Corporations**
New Earth Therapy, LLC

SUBJECT: _____
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:

Judith Pasos Landau

Name of Person

New Earth Therapy

Firm/Company

10601 SW 116th Avenue

Address

Miami, FL 33176

City/State and Zip Code

judipasos.lmhc@gmail.com

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

For further information concerning this matter, please call:

Judi Pasos Landau

305 775.5654

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
Amendment
- \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

NEW EARTH THERAPY, LLC.

22 JUN 30 PM 3: 19

(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 04/01/2022 and assigned Florida document number L15000211536.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

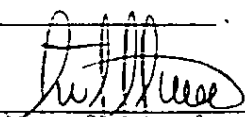
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

April 01 2022
Dated _____



Signature of a member or authorized representative of a member

Judith Pasos Landau

Typed or printed name of signer