L06000116154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 28 2010
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Medtherapies 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:

Lynne Shapiro
Name of Person

The Brace Shop
Firm/Company

4171 W. Hillsboro Blvd, Suite 12
Address

Coconut Creek, FL 33073
City/State and Zip Code

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

For further information concerning this matter, please call:

Ken Shapiro at (866) 305-8045
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

the Brace shop
strength, support & stability

Lynne Shapiro
4171 W Hillsboro Blvd
Suite 12
Coconut Creek, FL 33073

Florida Dept of State Div of Corporations
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Florida Department of State Division of Corporations:

We would like to change the name of our company (331011825) Medtherapies LLC to Brace Shop, LLC. We understand that we also own another EIN (201216195) with the same name Brace Shop, LLC. We are the same company under the same ownership at the same address. Due to issues with search ability on the government's GSA with Medtherapies LLC we have decided that the quickest fix is to change the name. We wanted to let you know so there was no confusion. Our company will have two EIN numbers with the same corporate name. If you have any questions, please don't hesitate to contact us.

Sincerely,

Lynne Shapiro
Owner
Brace Shop, LLC
Medtherapies LLC
(866) 325-8045
lynne@braceshop.com

2010 DEC 27 PM 4:46
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 DEC 27 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Medtherapies 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 12/5/2006 and assigned Florida document number L06000116154

This amendment is submitted to amend the following:

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

Brace Shop, LLC

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)

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: William [redacted] malcom

New Registered Office Address: 1280 SW 36th Avenue, Suite 200

Enter Florida street address

Pompano Beach, **Florida** 33069

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

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

Dated December 21st, 2010.

Lynne Shapiro
Signature of a member or authorized representative of a member

Lynne Shapiro
Typed or printed name of signee

FILED
2010 DEC 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00