1040000081665

**25.00

(Requestor's Name) (Requestor's Name) (EURETARY OF STATE TALLAHASSEE, FLORIDA (Address) (Address)	600042757356
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/07/0401050001 **25.
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

TRANSMITTAL LETTER

TO:

Registration Section

Tallahassee, Florida 32399

TO: Registration Section Division of Corporations	FILED
(Name of Limited Liability Company) SEC	TRETARY OF STATE AHASSEE, FLORIDA
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AGNICY Chapman (Name of Person) Something To Talk About (Firm/Company)	-
125 Burgundy Ct (Address) ONedo, Fr 3066 (City/State and Zip Code)	
For further information concerning this matter, please call:	
ASN Ley Chapman at (AD) 1.10 (Named of Person) at (Area Code & Daytime Telepho) G one Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	60.00 Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327	

Tallahassec, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 DEC -7 P 3: 52

GOMEMING TO TALK ADDUL SECRETARY OF STATE (ALLAHASSEE, FLORIDA (Present Name)

(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 19.2004 and assigned document number 1040006/1965.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

I am changing the name of my LLC to Chapman & Associates Therapy Solutions, LLC.

Dated_	12.2		
	Seller (DUMPLUM Signature of a member or authorized representa	
		Signature of a member or authorized representa	ntive of a member
	Aghley	Chapman	
		Typed or printed name of signs	se

Filing Fee: \$25.00