65000026997

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
•		

Office Use Only



000079938430

09/25/06--01015--012 **25.00

ZOOG OCT 17 AM 10: 19
SECRETARY OF STATE

US-26991

EFFECTIVE DATE

COVER LETTER

Division of Corporations	
SUBJECT: Home Therapy, 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:	
Heather Deatherage (Name of Person)	
Home Therapy, LLC (Firm/Company)	
1343 Main St. Ste. 502 (Address)	2006 SE(TALL
Sarasota, FL 34236 (City/State and Zip Code)	2006 OCT 17 SECRETARY
For further information concerning this matter, please call:	AM 10: OF STA E.FLOR
Heather Deatherage at (941) 234-2643 (Name of Person) (Area Code & Daytime Telephone Num	<u> </u>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (a	Status &

MAILING ADDRESS:

TO:

Registration Section

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



September 26, 2006

HEATHER DEATHERAGE 1343 MAIN STREET, ST E502 SARASOTA, FL 34236

SUBJECT: HOME THERAPY, LLC Ref. Number: L05000026997

We have received your document for HOME 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):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 606A00057272

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Home Therapy, LLC	
	(Present Name) (A Florida Limited Liability Company)	
	·	
EXPOR		
FIRST:	The Articles of Organization were filed on 5/4/05 and assigned document number L050000 26997	
SECOND:	This amendment is submitted to amend the following:	
	To add Alejandro J. Valencia as a member	
	of Home Therapy, LLC, effective - September 20;	_
	-2006. November 1, 2006;	_
	, ,	
		
		
	Pro 5	ত্র
	SECRETA ALLAHA:	
	SEE C	j j
Dated	September 20th acole. September 20th acole.	E prosent
		_
		•
	Signature of a member or authorized representative of a member	
	HEATHER DEATHERAGE Typed or printed name of signee	

Filing Fee: \$25.00

(1-fog