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TRANSMITTAL LETTER

	gistration Section vision of Corporations	-
SUBJECT:	THERAPY SOLUTIONS, LLC	
00,000	(Name of Limited Liability Company)	•
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Christopher V. Salomoni	
	(Name of Person)	
	Therapy Solutions, LLC	
	(Firm/Company)	
	1101 N. Congress Ave., Suite 208	
,	(Address)	
	Boynton Beach, FL 33426	
	(City/State and Zip Code)	•
For further in	nformation concerning this matter, please call:	
Chr	ristopher V. Salomoni at (561) 736-0294	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
☐ \$25.00 Fili	ing Fee \$\ \mathcal{Q}\$ \$30.00 Filing Fee &	s &

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STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THERAPY SOLUTIONS, LLC
	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on June 1, 2005 and assigned document number L05000054247
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
	Article II
The street	address of the principal office of the Limited Liability Company is: 1101 N. Congress Ave., Suite 208 Boynton Beach, FL 33426 US
The street	address of the principal office of the Limited Liability Company is: 1101 N. Congress Ave., Suite 208 Boynton Beach, FL 33426 US
	Article IV
The name	e and Florida street address of the registered agent is: Christopher V. Salomoni Rehab Solutions, LLC 1101 N. Congress Ave., Suite 208 AS Boynton Beach, FL 33426 US
Dated Jan	(A)
	SPATE SPATE
	Signature of a member authorized representative of a member
	Christopher V. Salomoni
	Typed or printed name of signee

Filing Fee: \$25.00