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PICK-UP WAIT MAIL								
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Special Instructions to Filing Officer:	l							
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C. LEWIS

MAR 4 2010

EXAMINER

COVER LETTER

Registration Section
Dimision of Corporations

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	ADL Achieve	ement Therapy LLC						
Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.						
Please return all correspo	ondence concerning this matter	r to the following:						
	Name of Person							
	Firm/Company							
	1013 Verona St							
Address								
	Kissimmee, FL 34741							
	City/State and Zip Code							
	denise@adltherapy.com E-mail address: (to be used for future annual report notification)							
For further information of			ion)					
roi futuer miornation co	oncerning this matter, please of	zan:						
	ise Comiskey	at (407) 87 Area Code & Daytime T	70-5147					
Name of Person		Area Code & Daytime T	elephone Number					
Enclosed is a check for th	ne 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:		STREET/COURIER	ADDRESS:					

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 MAR -3 PM 2 02

(Name of the Limited	. Achieveme I Liability Compa A Florida Limited	nt Therapy L ny as it now appea Liability Company)	LC rs on our record	SECRETARY OF STATE <u>FA</u> LLAHASSEE, FLORIDA
The Articles of Organization for this Limited L Florida document number L0600009	iability Company			
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liat	oility company her	<u>re</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	any," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	n/a		
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE				
		-		
B. If amending the registered agent and/ registered agent and/or the new registered or			our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:				· · · · · · · · · · · · · · · · · · ·
		En	ter Florida stre	et address
			, Flori	
		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 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 <u>Title</u> <u>Name</u> Address Type of Action n/a ☐ Add Remove ☐ Add ☐ Remove _ Add Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amend Article III to read "any and all lawful business" March 1 2010 Signature of a member or authorized representative of a member Denise Comiskey Typed or printed name of signee Page 2 of 2/

Filing Fee: \$25.00