# L07000/06437

•			
(Re	equestor's Name)		
/ΔΔ	Idress)		
(///	iui e \$3)		
(Ad	ldress)		
(0)	1. 101 (T) . (D)	40	
(Ci	ty/State/Zip/Phone	· #)	
~ —		_	
☐ PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nam	ie)	
(Document Number)			
	and the t		
Certified Copies	_ Certificates	of Status	
G	511 <b>58</b> 5	1	
Special Instructions to	Filing Officer:		
	•		





400149856064

04/15/09--01016--015 \*\*25.00

09 APR 15 PM 12: 27

T. HAMPTON

APR 1 6 2009

**EXAMINER** 

# **COVER LETTER**

Division of Corporations				
SUBJECT: ADVAN	CE THERAPY & BE	EYOND , LLC		
		ited Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	CARMEN APONTE			
		(Name of Person)		
CJA BEHAVIORAL SERVICES LLC				
		(Firm/Company)		
	809 E <del>AOK</del> ST SUITE 10	06		
		(Address)	<del></del>	
	KISSIMMEE, FL 34744			
		(City/State and Zip Code)	<del></del>	
For further information co	oncerning this matter, please c	all:		
CARMEN APONTE		at (_407) 346-7041		
(Name o	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for th	e 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:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED THERAPY & BEYOND, LL		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.): iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/19/2007	and assigned
Florida document number L07000106437		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	APONTE, CARMEN J	
(Principal office address MUST BE A STREET ADDRESS)	809 E OAK STREET STE 106	SEC VISI VISI
	KISSIMMEE,FL 34744	PR PR
		F CO
Enter new mailing address, if applicable:		PROPERTY.
(Mailing address MAY BE A POST OFFICE BOX)		RAI RAI
		10 HS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street a	ddress)
	, Florida	
	(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)

Page 1 of 2

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 **Type of Action Address** Title Name Ste 106 APONTE, CARMEN J 809 E OAK STREET. Add X Remove KISSIMMEE, FL 34744 ☐ Add Remove Add Remove ☐ Add Remove Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE EIN NUMBER THAT SHOWS ON THE FORM IS INCORRECT THE NUMBER THAT IS ON FILE IS 03-0475219 AND SHOULD BE 26-1283719 PLEASE MAKE THE CORRECT CHANGES THANK YOU Dated APRIL 13 2009 Signature of a member or authorized representative of a member **CARMEN J APONTE** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00