## L08000075345

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP- WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100244514511

02/11/13--01029--003 \*\*25.00

2013 FEB II AM 8: 36 SECRETARY OF STATE

N. Cuttigan FEB 1 3 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

<sub>SUBJECT:</sub> Henry 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:

Ryan Henry

Name of Person

Henry Therapy, LLC

Firm/Company

3848 Flatiron Loop Suite 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

ryanghenry@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Henry

<sub>...</sub>,813<sub>\</sub>333-6200

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:** 

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

FILED

2013 FEB II AM 8: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Henry Therapy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed on August	: 6, 2008 and assigned
Florida document numberL08000075345		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with 'L.L.C."	In the is submitted to amend the following:  In name, enter the new name of the limited liability company here:  In nust be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation incipal offices address, if applicable:  In address MUST BE A STREET ADDRESS)  It is address, if applicable:  In address, if applicable:  In address, if applicable:  In address, if applicable:  In address MAY BE A POST OFFICE BOX)  In address on our records, enter the name of the new not and/or the new registered office address here:  In address on our records, enter the name of the new not and/or the new registered office address here:	
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	п. п	7 . 7
	Enter F	lorida street address
	City	zip Coae

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

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address** 5026 Rushbrook Rd Laura Henry Land O' Lakes FI, 34638 Remove

D. If am	ending any other inforn	nation, enter change(s) here:	(Attach additional sheets, if necessary.)
	,	•	
			-
	<del></del>		
_	obruger, 7	2013	
Dated	ebruary 7	,	4
			$\mathcal{I}$
	S	ignature of a member or authori	zed representative of a member
	Ryan Henry	,	•
	<del></del>	Typed or printed	name of signee
		Рада 3	Lof 3

Filing Fee: \$25.00

FILED
2013 FEB II AN 8:36
SECRETARY OF STATE