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. COVER LETTER

Division of C	orporations			
Therapeu	itic Foundations LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return afficorres	pondence concerning this matter	to the following:		
	Dawn Naimoli			
		Name of Person		
	Therapeutic Foundations L	.LC		
		Firm/Company		
	77 S. St. Andrews Drive			
	-	Address		
	Ormond Beach, Florida 32	174		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	d.naimoli@tflaba.com	to be used for future annual	report notification	nn)
For further information	n concerning this matter, please e		Toport Houseast	,
Peter Cavaliere			5-8064	
		at ()		
Nam	e of Person	Area Code	Daytime Tele	phone Number
Enclosed is a check fo	r the following amount.			
525 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street A</u> Registr	ddress: ration Section	1

Registration Section Division of Corporations P.O. Box 6327

10: Registration Section

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Therapeutic Foundations LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	were filed on 10/20/	/2008	_ and assigned
i lorida document number L08000098544			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
N A			
. a. new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	NA	2	
(Principal office address MUST BE A STREET ADDRESS)		20 00	
			/ ;
		를 50 2020 - T	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		- FE +	
		[Fi —	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name o	of the new registe
Name of New Registered Agent:	NA		
New Registered Office Address:			
	Enter Florida	street address	
		, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
\ P	Camile Angwenyi	77 S. St. Andrews Drive	DAdd
		Ormond Beach, FL 32174	≅Remove
			Change
L'epsurer	Peter Cavaliere	125 Laramie Drive	≣ Add
		Palm Coast, FL 32137	∐Remove
			[] Change
			TAdd
			ElRemove
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ctive date, if other than the date of filing:	(opi	ional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or ne: If the date inserted in this block does not meet the applicable statutory filing.	nore than 90 days aft ng requirements, th	er tiling.) iis date v	Pursuant to 6033 vill not be listed
oment's effective date on the Department of State's records.			
ford specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of:	b) The	90th day after
tiled.			
9 30/2020			
ed 9 30/2020			
M(C)			
Signature of a member or authorized representative	e of a member	_	

Typed or printed name of signee