

L08000 106132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

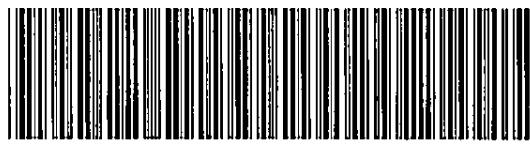
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION  
FALLS CHASSIE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sensational Kids Therapy, PLLC  
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:

Timothy Shippee

Name of Person

Hathaway & Reynolds, P.A.

Finiv Company

50 AIA North, Suite 108

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**Address**

Ponte Vedra Beach, FL 32082

City/State and Zip Code

gordy.rogers@gmail.com  
Email address to be used for future annual

Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Shippee 904 280-5526  
Name of Person at ( ) 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**

Sensational Kids Therapy, PLLC

(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 Liability Company were filed on November 14, 2008 and assigned Florida document number L08000106132.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1851 Golden Eagle Way, Suite 43

Fleming Island, FL 32003

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1851 Golden Eagle Way, Suite 43

Fleming Island, FL 32003

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Heather Carraway	7696 Enderby Avenue East Jacksonville, FL 32244	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Amanda August	4829 Innisbrook Court South Elkton, FL 32033	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Gordy Rogers	403 Bergen Street, Apt. 2 Brooklyn, NY 11217	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 NOV - 1 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 9 2017

October

9

2017

Signature of a member or authorized representative of a member

Gordy Rogers

Typed or printed name of signee