

L0900061717



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08/27/10--01012--022 **30.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 SEP -9 AM 10:29

T. HAMPTON
SEP 10 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heal My PTSD, 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:

Michele Rosenthal
Name of Person

Heal My PTSD, LLC
Firm/Company

1447 Barlow Court
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

michele@healmyptsd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Rosenthal at (561) 799-2419
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

Michele Rosenthal

1447 Barlow Court

Palm Beach Gardens, FL 33410

August 24, 2010

Re: Heal My PTSD, LLC

Document Number: L09000011717

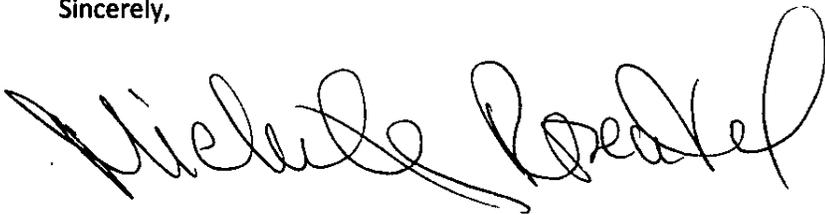
To whom it may concern:

Enclosed please find:

1. Articles of Amendment to Articles of Organization of Heal My PTSD, LLC
2. a check in the amount of \$30 for the filing fee plus a Certificate of Status

If you have any questions, please feel free to contact me: 561.799.2419.

Sincerely,

A handwritten signature in black ink that reads "Michele Rosenthal". The signature is written in a cursive style with a large, looping initial "M".

Michel Rosenthal



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 SEP -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 30, 2010

MICHELE ROSENTHAL
1447 BARLOW CT
PALM BEACH GARDENS, FL 33410

SUBJECT: HEAL MY PTSD, LLC
Ref. Number: L09000011717

We have received your document for HEAL MY PTSD, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 410A00020754

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP -9 AM 10:29

Heal My PTSD, 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 Liability Company were filed on March 9, 2009 and assigned
Florida document number L09000011717.

This amendment is submitted to amend the following:

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

Michele Rosenthal, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, 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

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:

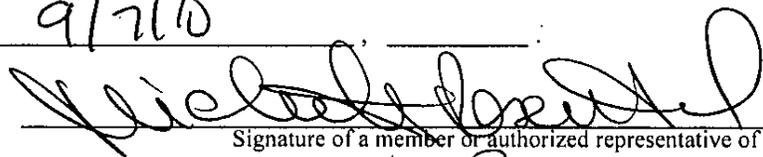
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated 9/2/10


Signature of a member or authorized representative of a member

Michele Rosenthal
Typed or printed name of signee