

**L09000039380**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

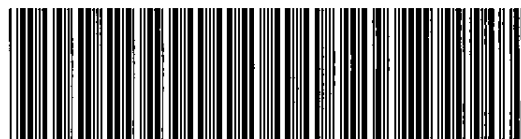
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**FILED**  
**2010 OCT 18 PM 12:26**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**. LEWIS**  
**OCT 19 2010**  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A THERAPEUTIC TOUCH,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:

ALBERTO MOONEY

Name of Person

A THERAPEUTIC TOUCH,LLC

Firm/Company

2529 W BUSCH BLVD,SUITE 600

Address

TAMPA,FL 33618

City/State and Zip Code

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

For further information concerning this matter, please call:

ALBERTO MOONEY

Name of Person

at ( 813 )

443-5079

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

2010 OCT 18 PM 12:26

A THERAPEUTIC TOUCH, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/23/2009 and assigned  
Florida document number L09000039380.

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 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: LEOVAN ALFONSO

New Registered Office Address: 2529 W BUSCH BLVD, SUITE 600

*Enter Florida street address*

TAMPA

*City*

Florida

33618

*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.*

*[Signature]*  
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>
MGRM	MARIN UNDERWOOD	2529 W BUSCH BLVD SUITE 600 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALBERTO MOONEY	2529 W BUSCH BLVD SUITE 600 TAMPA FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HYSKLYS ESCALANTE	2529 W BUSCH BLVD SUITE 600 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LEOVAN ALFONSO	2529 W BUSCH BLVD SUITE 600 TAMPA FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2010 OCT 18 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 10/13/10

Alberto Mooney  
Signature of a member or authorized representative of a member

Alberto Mooney  
Typed or printed name of signee