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APR 21 PM 2: 22

K. SALY EXAMINER APR 2 2 2011

## **COVER LETTER**

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, FI 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  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\sumset\$\sumset\$ \$\sumset\$ \$\sums	Division of Co	rporations					
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Tampa, FI 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:  \$\sumset\$\sumset\$\sumset\$\$\sumset\$\$\sumset\$\$\sumset\$\$\sumset\$\$\sumset\$\$\sumset\$\$\s				<del></del> _			
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	<b>√</b> \$25.00 Filing Fee		Certified Copy	Certificate of Status &			

MAILING ADDRESS:

TO:

**Registration Section** 

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 11 APR 21 PM 2: 22

(Name of the Limited	Therapeutic Touch, LLC Liability Company as it now appears Florida Limited Liability Company)	ot on [] [A] [ A]; on our records.)	AKT OF STATE ASSEE, FLORIDA
The Articles of Organization for this Limited Li. Florida document numberL09000039	ability Company were filed on		and assigned
This amendment is submitted to amend the follo	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."	n the words "Limited Liability Company	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica (Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or the new registered of		r records, <u>enter (</u>	the name of the new
Name of New Registered Agent:	Lazaro Hernandez		
New Registered Office Address:	2529 W Busch Blvd Suite 60	00 r Florida street ada	lress
		1 10,100 51,000 000	
		, Florida	33618 Zip Code
	City		Zip Coae
New Registered Agent's Signature, if changing F	legistered 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>	Type of Action
MGR	Leovan Alfonzo	2529 W Busch Blvd Suite 600 Tampa, Fl 33618	AddRemove
MGR	Lazaro Hernandez	2529 W Busch Blvd Suite 600 Tampa, Fl 33618	
			□ Damasus
			□ Damova
			AddRemove
			AddRemove
D. If amen	ding any other information	n, enter change(s) here: (Attach additional sheets, if ne	cessary.)
_			
	April 12	2011	<del></del>
Dated	April 12		
	Signati	ure of a member or authorized representative of a member	
		Alberto Mooney	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00