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J. SAULSBERRY EXAMINER SEP 15 2011

CÓVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	A THERAPE	EUTIC TOUCH,LLC			
SCHOLCI.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	Danil	o Ardian Gonzalez Alfonso			
		Name of Person			
	Α	Therapeutic Touch,llc			
		Firm/Company			
	2529	W Busch Blvd Suite 600			
		Address		ALI SE	22
		Tampa,FL 33618		CRET	AN LESS IN
		City/State and Zip Code		SSE SSE	= -
	F-mail addrace:	to be used for future annual report noti	(fication)	E G	1 PH 2
F - C - 41 i - C 41		•	incation)	18 S	ÿ Z
r or turtner information	concerning this matter, please of	carr.		NOA AOA	ω
<u> </u>	ian Gonzalez Alfonso	at (813)	443-5079		
Name	of Person	Ārea Code & Daytir	ne 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 enclose	d) Certified	te of Status	
Regiss Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3:	on orations enter Circle		

COVER LETTER

то:	Registration Se Division of Con		•			
SUBJE	CT:	A THERAPE	UTICH TOUCH,LLC			
		Name of Lim	ited Liability Company			
		Amendment and fee(s) are su				
		DANILO A	RDIAN GONZALEZ ALF	ONSO		
			Name of Person		-	
A THERAPEUTICH TOUCH,LLC		_				
Firm/Company						
	2529 W BUSCH BLVD SUITE 600					
			Address			
TAMPA , FL 33618		SEGRETARY	7			
			City/State and Zip Code		ं चां	
		E-mail address: (to be used for future annual report r	notification)	PH 2: OF STAT	
For furt	her information c	oncerning this matter, please of	call:		AIE RIDA	- The same
DA		N GONZALEZ ALFON		443-5079		
	Name o	f Person	Area Code & Day	ytime Telephone Numbe	er	
Enclose	d is a check for th	ne following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &	
		ING ADDRESS:	STREET/COL	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

A THERAPEUTICH TOUCH,LLC

(<u>Name of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document number L09000039	• •	7/26/2001	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here	<u>ዩ</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if application	able:	<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)		
			ASE 29
Enter new mailing address, if applicable:			SEP III
(Mailing address MAY BE A POST OFFICE I	<u></u>		
		·	FIS R III
B. If amending the registered agent and/or the new registered of		ur records, <u>enter</u>	the name-of the new
Name of New Registered Agent:	DANILO ARDIAN GONZAL	EZ ALFONSO	
New Registered Office Address:	2529 W BUSCH BLVD SUI	TE 600	
	Ente	er Florida street add	dress
	TAMPA	, Florida	33618
	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

Zip Code

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> Address **Type of Action** MGRM ALBERTO MOONEY 2529 W BUSCH BLVD SUITE 600 ☐ Add **TAMPA FL 33618** Remove MGRM DANILO A. GONZALEZ ✓ Add 2529 W BUSCH BLVD SUITE 600 TAMPA FL 33618 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 26 2011 Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00