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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
SEP 15 2011

## 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:

Danilo Ardian Gonzalez Alfonso

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:

Danilo Ardian Gonzalez Alfonso

Name of Person

at ( 813 )

443-5079

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
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(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A THERAPEUTICH 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:

**DANILO ARDIAN GONZALEZ ALFONSO**

Name of Person

**A THERAPEUTICH 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)

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**2011 SEP 14 PM 2:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**DANILO ARDIAN GONZALEZ ALFONSO**

Name of Person

at ( **813** )

**443-5079**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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A THERAPEUTIC TOUCH,LLC

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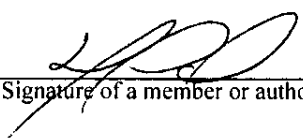
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALBERTO MOONEY	2529 W BUSCH BLVD SUITE 600 TAMPA FL 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANILO A. GONZALEZ	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
			<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.)*

Dated JULY 26, 2011

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

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