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COVER LETTER

	ion Section 4 * of Corporations		•		
SUBJECT:	First Choice T	herapy group, L.L.C.			
50 00 E1		ited Liability Company			
	,				
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.			
Please return all co	rrespondence concerning this matter	r to the following:			
		Mayumi Artiles			
		Name of Person			
	First Choice Therapy Group, LLC				
	Firm/Company				
	8900 N Armenia Ave, Suite 304				
Address					
		Tampa, FL 33604			
		City/State and Zip Code			
	n	nartile23@yahoo.com			
For further informa	E-mail address: (tion concerning this matter, please o	to be used for future annual report notification)			
roi iuiulei moima	non concerning ans matter, prease c	aii.			
	Mayumi Artiles	at (813) 443-57			
N	ame of Person	Area Code & Daytime Telephor	ne Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing Fo	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$\ \text{Certified Copy} \text{(additional copy is enclosed)}	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
R	AAILING ADDRESS: Legistration Section	STREET/COURIER ADD Registration Section	RESS:		
NARC P	Division of Corporations O. Box 6327	Division of Corporations Clifton Building			
T	allahassee, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	e		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

12 JAN -3 AH II: 49

First Choice	Therapy Group, L.	L.C. Jakiele Alia	ERY OF STATE SSEE FLORIDA
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)	July IF LONDA
(*********		بالهارات والمعها الوا	
The Articles of Organization for this Limited Liability C	Company were filed on	07-27-2009	and assigned
Florida document number L0900072260	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on o		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	City ·		Zip Code
New Registered Agent's Signature, if changing Registere	ed 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> **Name** Type of Action Address MGRM Dr. William L. Palmer, DC 8900 N Armenia Ave. Suite 304 ✓ Add Tampa_FL_33604_____ Remove ☐ Add ☐ Remove ☐ Add _ Remove Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 27th 2011 Dated_ Signature of a member or authorized representative of a member Mayumi Artiles Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00