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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
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K. SALY DEC - 2 2016

COVER LETTER

SUBJECT:	Across Ac	Board The	rapy Gr	gua
	Name of Limit	ed Liability Company	J	V
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	lence concerning this matter to	o the following:		
	Melis	SA Goolsby Name of Person		
	- -	Name of Person /		
	Across	The BOArd Firm/Company	Therapi	Group
	7552 n	JAVAITE PAR	-Kway	Suite #32
	•	FL 325 City/State and Zip Code	_	
	Admin @ E-mail address: (to	Across the boot be used for future annual	Ard ther	Apy. Com
For further information cor	cerning this matter, please ca			
Melissa	Goolsby	at () Area Code	939-3	944
Name of F	erson	Area Code	Daytime Telep	phone 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 end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

Zip Code

	Or		0.	30
Across Across Across Mame of the Limited	BOAN IL	7 CAPy Crown ow appears on our re	1ALLAH, dords.)	TARY OF STATE
(A	Florida Limited Liability C	ompany)		CORINI
The Articles of Organization for this Limited Liab Florida document number	oility Company were fil	ed on $10/0$	9/2009	and assigned
Florida document number	<u>7Ψ77</u> ,			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability con	npany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	any," the designation '	LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	Ja.			
• •				
(Principal office address MUST BE A STREET	ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	OX)			
				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	0	dress on our rec	ords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Melissa	A. Gool	sby	
New Registered Office Address:	7552 1	JAVALIE F Enter Florida street a	Arkway ddress	Suite #32
	/~!\\r\[[.		klarida	~~ ~ ~ ~

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 605, 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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Address** Type of Action **Title Name** 7552 NAVARR PARKWAY DAdd Brandi Hook □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove

□ Change

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pecifies a delayed eff day after the record	ective date is filed.	, but not	an effecti	ve time, at	12:01 a.	m. on th	e earlier	of:
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Filing Fee: \$25.00