

LD91000 103840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

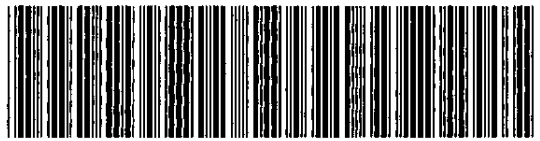
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Review form

Office Use Only



700175341767

04/12/10--01063--018 **35.00

FILED
10 MAY 20 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 21 2010

EXAMINER

S. HAWKES

APR 14 2010

EXAMINER

S. HAWKES
MAY 06 2010
EXAMINER

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2010

ALVIN HILL
16499 NE 19 AVE STE 104
N MIAMI BEACH, FL 33162

SUBJECT: AT LIBERTY ASSISTED LIVING FACILITY, LLC
Ref. Number: L09000103840

We have received your document for AT LIBERTY ASSISTED LIVING FACILITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 610A00011424



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2010

ALVIN HILL
16499 NE 19 AVE STE 104
N MIAMI BEACH, FL 33162

SUBJECT: AT LIBERTY ASSISTED LIVING FACILITY, LLC
Ref. Number: L09000103840

We have received your document for AT LIBERTY ASSISTED LIVING FACILITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00009229

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AT LIBERTY ASSISTED LIVING FACILITY, 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:

Michael Lawrence

Name of Person

E-CONSULTING INC

Firm/Company

16499 NE 19th AVENUE

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

econsultinginc@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lawrence

Name of Person

at (**305**)

219-2904

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AT LIBERTY ASSISTED LIVING FACILITY, LLC

**(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L09000103840.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THERAPY TIME, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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

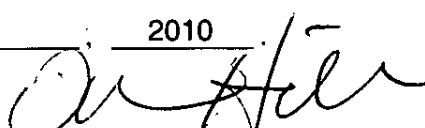
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	LISA DYKE-HILL	1460 NW 41 STREET MIAMI, FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
10 MAY 20 PM 3:24
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 18

2010



Signature of a member or authorized representative of a member

ALVIN HILL

Typed or printed name of signee