

6/18/2024 10:30:00 EDT  
6/18/24, 10:21 AM

To: 18506176383

Page: 1/7

From: Beachway Therapy Center

Fax: 8558698622

Division of Corporations

(((H24000211442 3)))

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**LOG 000116448**  
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEACHWAY THERAPY CENTER LLC

Account Number : I20240000073

Phone : (561)327-7825

Fax Number : (855)869-8622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: accounts@beachway.com

24 JUN 18 PM 1:50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### BEACHWAY THERAPY CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

M. SOLOMON

JUN 18 2024

**COVER LETTER**

(((H24000211442 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: Beachway Therapy Center

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:

Denis Holmes

Name of Person

Beachway Therapy Center LLC

Firm/Company

1700 N Dixie Hwy

Address

West Palm Beach, FL 33407

City/State and Zip Code

accounts@beachway.com

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

For further information concerning this matter, please call:

Denis Holmes

561

327-7825

at ( )

Name of Person

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 JUN 18 PM 1:50

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000211442 3)))

## BEACHWAY THERAPY CENTER 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 12/08/2009 and assigned Florida document number L09000116448.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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*

*City*

*Florida*

*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 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.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H2400021142 3)))

MGR = Manager

AMBR = Authorized Member

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DIVISION OF  
CORRECTIONS

(((H24000211442 3)))

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

26 JUN 18 PM 1:50

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STATE  
CLERK OF COURTS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

\*) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 13, 2024



Signature of a member or authorized representative of a member

Denis Holmes

Typed or printed name of signee

(((H24000211442 3)))

**Filing Fee: \$25.00**