L1000020816

(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:				

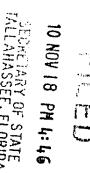




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COVER LETTER

TO:	Registration Division of	n Section Corporations					
SUBJI	· ECT·	RESTORAT	IVE THERAPY LLC				
50.00	JC1.	Name of Lim	nited Liability Company				
		s of Amendment and fee(s) are su	-				
JAMES P. HALLATT							
			Name of Person				
		REST	RESTORATIVE THERAPY LLC				
			Firm/Company				
			9 MAYTEN CT S				
			Address				
		НОМ	OSASSA, FLORIDA 34446				
			City/State and Zip Code				
		RESTORATI E-mail address:	VETHERAPYLLC@YAHOC (to be used for future annual report notifi	cation)			
For fur	ther information	on concerning this matter, please	•	,			
	J	AMES HALLATT	at (352)	340-5924			
Name of Person			Area Code & Daytime Telephone Number				
Enclos	ed is a check for	or the following amount:					
\$25	i.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			STREET/COURING Registration Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETURATIVE IT			
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	2-24-2010	and assigned
Tronda document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
RESTORATIVE TH	IERAPY LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			Ā
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			# P TI
			SE CO
Enter new mailing address, if applicable:			E P IT
(Mailing address MAY BE A POST OFFICE BOX)			55 £ D
			DE S
	· · · · ·		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our	r records, enter	the name of the new
•			
Name of New Registered Agent:			
New Registered Office Address:			
non Registered Office Address.	Enter	r Florida street ada	Iress
		, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager

MGRM = Managing Member Title Name Address Type of Action MGRM JAMES P. HALLATT 9 MAYTEN CT S ✓ Add HOMOSASSA, FLORIDA 34446 Remove ROBERT L. NYE MGRM 3446 EAST LAKE DR ✓ Add ☐ Remove LAND O LAKES, FLORIDA 34639. ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member JAMES P. HALLATT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00