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•		
(Re	equestor's Name)	····
(Ad	ldress)	
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V	•	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2011 DEC 19 PH 3: 49
SECRETARY OF STATE

J. BRYA

DEC 2 0 2011

EXAMIN

COVER LETTER

TO: Registration Division of C		·		
SUBJECT:	CountryW	/ide Therapy, LLC		
All Allians agrammy on common	Name of Lin	nited Liability Company		
The enclosed Articles	of Amer.dment and fee(s) are su	ebmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
		Scott A Hanson		
		Name of Person		
	Co	untryWide Thearpy, LLC		. ~2
		Firm/Company		超高加
	20	01 East Robinson Street		題為一
		Address	······································	SE OM
		Orlando, FL 32803		TALLAHASSEE, FLORIDATE OF STATE OF STAT
	, M. A. M. M. M. M. M. 1979 (1977)	City/State and Z:p Code		STAT
	scott	Occupitrywidetherapy.com		DA O
	E-mail address:	to be used for auture annual report notific	cation)	
For further information	concerning this matter, please	call:		
S	cott A Hanson	at (407)	267-3808	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
2 \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

CountryV	Vide Therapy, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Anicles of Organization for this Limited Liability Co	ompany were filed on	06/23/2010	and assigned
Florida document number <u>272878335</u> L100000 6702	ī [.]		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :	
•		-	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	FCC)		. ~2
17 Metput MRE dautess Medi De A STREET ADDRE	233)		
			EL 19
Enter new mailing address, if applicable:			NO P
Mailing address MAY BE A POST OFFICE BOX)			
			S S
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on o	our records, <u>enter tl</u>	ne name of the new
Castered agent and of the new registered office addre	SN HEFE:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
		, 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

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Paul Benfield	184 Vista Oak Drive Longwood, FL 32779	✓ Add Remove
			Add Remove
			Add Bomove
	·		Add Remove
			Estad 59
<u> </u>			Add Remove
. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if neo	eessary.)
			
	November 11th	2011 .	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00