

L11000086726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

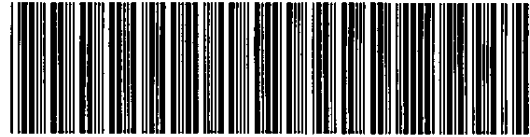
(Business Entity Name)

(Document Number)

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2014 OCT 14 P 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 15 2014

EXAMINER

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

Bryant Alternative Health 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 Nov. 27, 2013 and assigned Florida document number L11000086726.

This amendment is submitted to amend the following:

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

NSC Therapy 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:

12031 77Th Street North

(Principal office address MUST BE A STREET ADDRESS)

Largo Fl. 33773

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:

NSC Therapy LLC

Kenneth B. Bryant

New Registered Office Address:

12031 77 Th Street North

Enter Florida street address

Largo

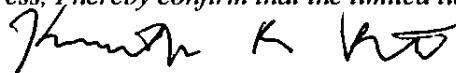
City

Florida 33773

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/22/2014

Kenneth Bryant

Signature of a member or authorized representative of a member

Kenneth Bryant

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2014

BRYANT ALTERNATIVE HEALTH LLC
12031 77TH STREET NORTH
LARGO, FL 33773

SUBJECT: BRYANT ALTERNATIVE HEALTH, LLC
Ref. Number: L11000086726

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BRYANT ALTERNATIVE HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 714A00020876