

L110000108915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

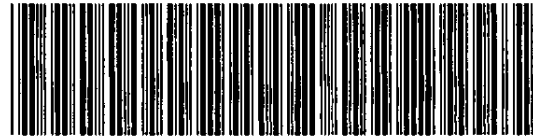
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13 MAY 13 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THERAPY HEALTH CARE 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:

OMAR A STEFANEL
Name of Person
Therapy Health Care LLC
Firm/Company
6501 NW 36 ST Suite 101
Address
MIAMI / FL 33166
City/State and Zip Code
OMAR STEFANEL @ Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR STEFANEL at (305) 720 9722
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Therapy Health Care 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 7/23/11 and assigned
Florida document number L 11000108915

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

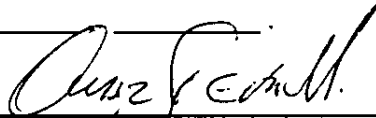
New Registered Agent's Signature. If changing Registered Agent:

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

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

Dated 5/5/2013



Signature of a member or authorized representative of a member

OMAR A STEFANELLO

Typed or printed name of signee

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Filing Fee: \$25.00

0 Tallahassee FL 32314

2 PO Box 6327

0 P.O. Box 6327 Tallahassee FL 32314