

L11000108915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

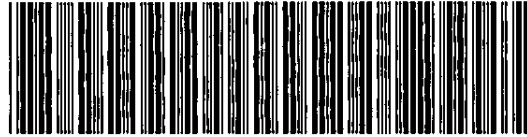
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



300253140033

11/01/13--01007--015 \*\*30.00

FILED  
13 NOV 18 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 22 2013

T. BROWN

**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 ALONSO STEFANELL**

Name of Person

**THERAPY HEALTH CARE, LLC**

Firm/Company

**1179 NW 124 PLACE**

Address

**MIAMI, FL 33182**

City/State and Zip Code

**OMARSTEFANELL@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**OMAR A. STEFANELL**

Name of Person

**305 720-9722**

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2013

OMAR ALONSO STEFANELL  
THERAPY HEALTH CARE, LLC  
1179 NW 124 PLACE  
MIAMI, FL 33182

SUBJECT: THERAPY HEALTH CARE LLC  
Ref. Number: L11000108915

We have received your document for THERAPY HEALTH CARE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 913A00025646

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)

FILED  
13 NOV 18 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/23/2011 and assigned  
Florida document number L11000108915.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1179 NW 124 PLACE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33182

Enter new mailing address, if applicable:

1179 NW 124 PLACE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33182

**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:

OMAR A. STEFANELL

New Registered Office Address:

1179 NW 124 PLACE

*Enter Florida street address*

MIAMI

*City*

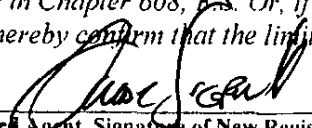
Florida

33182

*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

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS A. BETANCUR	6501 NW 36 STREET SUITE 101 VIRGINIA GARDENS, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALBERTO L CABALLERO	1179 NW 124 PLACE MIAMI, FL 33182	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

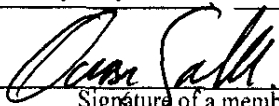
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated OCT / 29 / 2013

  
Signature of a member or authorized representative of a member  
OMAR A STEFANEIL  
Typed or printed name of signee

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

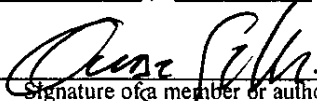
---

---

---

---

Dated 29/OCT/, 2013.



Signature of a member or authorized representative of a member

OMAR A STEFANEL

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**