Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Phone: (855)498-5500
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OCT 1 6 2020

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Communication Therapy LLC	•	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	pears on our records.)	 -
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***	
The Articles of Organization for this Limited Liability Company were filed or	September 27, 2011	and assigned
Florida document number		
	,	
This amendment is submitted to amend the following:	t-	
A. If amending name, enter the new name of the limited liability compan	y <u>here</u> :	
Great Therapy Group LLC		
The new name must be distinguishable and contain 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		
Principal office dauress MUST BE A STREET ADDRESS		
		1020
		8 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		- S
		و ا
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the</u>	e name of the new register
agent and/or the new registered office address here.		•
N. CN. Declared Acade		
Name of New Registered Agent:		
New Registered Office Address:	PI + t + + + + - t	
r.nte.	r Florida street address	
	, Floric	da
City		z.p z.cae
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in a provisions of all statutes relative to the proper and complete performanc accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I h company has been notified in writing of this change.	e of my duties, and it in Chapter 605, F.S	I am familiar with and 5. Or, if this document is

Taylor Seay 8004323622

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0200 date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0200 date is listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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(If seffective Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to distribute the date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed as date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
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