## 12-00001495

(Re	equestor's Name)		
	<u> </u>		
(Ad	ldress)		
(Ad	ldress)		
		<del>,</del>	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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02/06/12--01014--006 \*\*25.00

FEB, - 7 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Secondivision of Corp				
SUBJE	CT:	Desoto	Therapy LLC		
		Name of Lim	ited Liability Company		_
The enc	losed Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
			Candida Casanova		
			Name of Person		<del>-</del>
	Desoto Therapy LLC				
	Firm/Company		<b>_</b>		
	1011 East Oak Street, Unit 5				
Address		<del></del>			
		Δ	rcadia, Florida 34266		
			City/State and Zip Code		
		desc	ototherapy@hotmail.co	om	2012 FEB
				ort notification)	
For furt	her information cor	ncerning this matter, please of	call:		9-6
	Candid	da Casanova	at ( 941 )	544-8534	(Co) 3
	Name of I	Person		Daytime Telephone Nun	nber Francisco
Enclose	d 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 en	Certi nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional 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

	Desoto Therapy LLC			_	
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liab	· · · · —	01/31/2012	and	l assign	ed
Florida document number L120000149	53				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	ny," the designation	"LLC" or	the abbr	eviation
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	ADDRESS)		•		
			.[1]		
Enter new mailing address, if applicable:				2012 F	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		P 77	£58	Weigner.
•			87	9	g Marin
P. If amonding the projectional agent and/an			1 P		[1]
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on o e address here:	ur records, <u>enter</u>	the nam	e or tr	ie inew
			w <sub>m</sub>	Fin	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip C	lode -	

## 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 **Title** <u>Address</u> **Type of Action** <u>Name</u> MGRM Maria Menieta 1011 East Oak Street. Unit 5 ☐ Add Arcadia, Florida 34266 Remove Candida Casanova MGR 1011 East Oak Street, Unit 5 ☐ Add Arcadia, Florida 34266 Remove MGRM Candida Casanova 1011 East Oak Street, Unit 5 \_✓ Add Arcadia, Florida 34266 Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 2/3/12 Signature of a member or authorized representative of a member Candida Casanova
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00