

L13000018350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

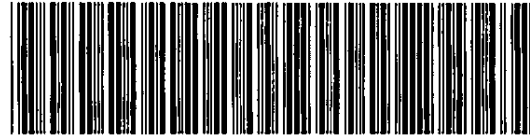
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loving Life Therapy, 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:

Dr. Yvonka De Rosier
Name of Person
Loving Life Therapy, LLC
Firm/Company
300 Madison St, Suite 201
Address
Tampa, FL 33602
City/State and Zip Code
Yvonka@lovinglifetherapy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Yvonka De Rosier at (813) 393-0859
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**

Loving Life Therapy, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/05/2013 and assigned
Florida document number L13000018350.

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:

(Principal office address MUST BE A STREET ADDRESS)

300 E. Madison St.

Suite 201

Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 E. Madison St.

Suite 201

Tampa, FL 33602

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:

New Registered Office Address:

300 E. Madison St, Suite 201

Enter Florida street address

Tampa, Florida 33602

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 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Farida Stino	740 Burlwood St	<input checked="" type="checkbox"/> Add
		Brandon FL 33511	<input type="checkbox"/> Remove

MGR	Ignacio Lucea	6644 Holly Heath DR	<input checked="" type="checkbox"/> Add
		Riverview FL 33578	<input type="checkbox"/> Remove

MGR Ben Zanasca 6644 Holly Heath DR ☒ Add
Riverview FL 33578 ☐ Remove

AMBR	Heather Zanasca	6644 Holly Heath DR	<input checked="" type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove

☒ Add
☐ Remove
 11/14 OCT 8 PM 3:44
 Add
 FLORIDA
 ARIZONA
 CALIFORNIA

☐ Remove

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

new phone number: 813-609-6946
new fax number: 813-609-6947

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 October 1st, 2014.

Yvonka De Ridder

Signature of a member or authorized representative of a member

DR. Yvonka De Ridder

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2014 OCT -8 PM 3:40
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA