

L13000 065039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

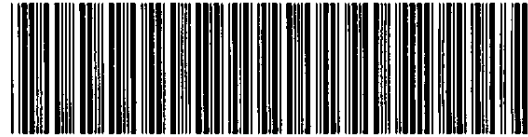
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 SEP 24 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 25 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Things Through Health
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:

Walter J. Thompson
Name of Person

All Things Through Health, LLC
Firm/Company

~~12901 NE 25th Ave~~ P.O. Box 275
Address

~~Anthony, FL 32617~~ Sparr, FL 32192
City/State and Zip Code

Walter-JThompson@atthadvocate.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter J. Thompson at (352) 284-4827
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

* Money already sent

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 24 PM 1:30

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

All Things Through Health, 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 5/3/13 and assigned
Florida document number L13000065039

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)

P.O. Box 275
Sparr, FL 32192

2013 SEP 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	Name	Address	Type of Action
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2019 SEP 24 PM 1:30
TALLAHASSEE, FLORIDA
OFFICE OF THE
CLERK OF THE
SUPREME COURT

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

Please amend services provided ~~with report~~
Services provided are: Skilled nursing,
medicaid provider services and patient advocacy
services.

Dated September 23, 2013.

Walter J. Thompson

Signature of a member or authorized representative of a member

Walter J. Thompson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP 24 PM 1:30
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2013

WALTER J. THOMPSON
ALL THINGS THROUGH HEALTH, LLC
POST OFFICE BOX 255
SPARR, FL 32192

SUBJECT: ALL THINGS THROUGH HEALTH, LLC
Ref. Number: L13000065039

2013 SEP 24 PM 1:30
TALLAHASSEE, FLORIDA

We have received your document for ALL THINGS THROUGH HEALTH, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 913A00020488