13600102757

Office Use Only



200250311942

08/05/13--01004--004 **30.00

AUG - 6 2013 T CLINE

Divisio	on of Corp	porations			
	quanutt	Pediatric Therapy, LLC			
SUBJECT:	<u></u>	Name of Limit	ed Liability Company		
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all	l correspon	ndence concerning this matter	to the following:		
	٠,	Holly R. McCollum			
			Name of Person		
	Aquanutt Pediatric Therapy, LLC				
	Firm/Company				
		2981 SW 22nd Stree	et		
			Address		man 😥
		Fort Lauderdale, FL	33312		SECISE OH FILE
		mccollum.holly@gma	City/State and Zip Code ail.com		SECUE TARY
		·	o be used for future annual report notificati	ion)	PM 1: 17
For further info	rmation co	oncerning this matter, please ca	all:		
Holly McCo	llum		954 328.6195		
	Name of	Person	Area Code & Daytime Te	elephone Number	
Enclosed is a ch	neck for th	e following amount:			
□ \$25.00 Filin	g Fee	■\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
i (18 okusta na 1890)	Registra Division P.O. Bo		STREET/COURIER Registration Section Division of Corporation Clifton Building	ons	
A STATE OF THE STA	Tallaha	ssee, FL 32314	2661 Executive Center	r Circle	

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

TO:

2000

TO ARTICLES OF ORGANIZATION OF

Aquanutt Pediatric Therapy, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp L13000102757 Florida document number	luby 19th - 201	
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 "I" L.L.C."	Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201 S
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	CCR CCR
		- 5
Enter new mailing address, if applicable:		JANY OF ST
(Mailing address MAY BE A POST OFFICE BOX)		22 T
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nicholas T. McCollum	2981 SW 22nd Street	Add
-		Fort Lauderdale, FL 33312	Remove
MGR	Holly R. McCollum	2981 SW 22nd Street	
		Fort Lauderdale, FL 33312	Remove
			Add
			Remove
		The state of the s	2019 JUG-STATE
			Add
			Add Remove
			_

•	
July 31st	2013
	,,
	Helly Mohum
	Signature of a member or authorized representative of a member
	Holly R. McCollum

Filing Fee: \$25.00

SECRETABLE OF DIE