

L1400013SS66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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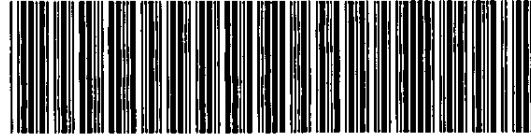
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST COAST PEDIATRIC THERAPY, PLLC  
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:

TIMOTHY S. SHIRLEY  
Name of Person

EAST COAST PEDIATRIC THERAPY  
Firm/Company

109 CAPRI DRIVE  
Address

ORMOND BEACH, FLORIDA 32176  
City/State and Zip Code

timothysshirley@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY S. SHIRLEY at (386) 405-6586  
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

EAST COAST PEDIATRIC THERAPY, PLLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP 28 P 1:08

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The Articles of Organization for this Limited Liability Company were filed on 8-29-2015 and assigned  
Florida document number L14000135566.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

THERA-PLAY, PLLC

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)

109 CAPRI DRIVE

ORMOND BEACH, FL 32176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

109 CAPRI DRIVE

ORMOND BEACH, FL 32176

**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:

TIMOTHY S SHIRLEY

New Registered Office Address:

109 CAPRI DRIVE

Enter Florida street address

ORMOND BEACH

City

Florida 32176

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.*

Timothy S Shirley  
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TIMOTHY S SHIRLEY	109 CAPRI DRIVE	<input type="checkbox"/> Add
		ORMOND BEACH, FL 32176	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	AMY N DUNLAP	113 BIRKDALE DRIVE	<input type="checkbox"/> Add
		DAYTONA BEACH, FL 32124	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 15<sup>TH</sup>, 2015

Signature of a member or authorized representative of a member

TIMOTHY S SHIRLEY

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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