

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Bay 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:

Denise Mensa-Cohen

Name of Person

TaxGenuity, Incorporated

Firm/Company

1818 Drew Street

Address

Clearwater, Florida 33756

City/State and Zip Code

clientcare@taxgenuity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Mensa-Cohen

at (727)

259-1040

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**

West Bay Therapy, 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 July 31, 2015 and assigned Florida document number L15000131160.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

TaxGenuity, Incorporated

New Registered Office Address:

1818 Drew Street

Enter Florida street address

Clearwater

Florida 33756

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

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TREASURY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	Carmine Chiocciello	118 West Bay Drive	<input type="checkbox"/> Add
		Unit 121	<input checked="" type="checkbox"/> Remove
		Largo, Florida 33770	<input type="checkbox"/> Change
AMBR	Stephen DuVall	118 West Bay Drive	<input type="checkbox"/> Add
		Unit 121	<input checked="" type="checkbox"/> Remove
		Largo, Florida 33770	<input type="checkbox"/> Change
AMBR	Melissa Ewing	118 West Bay Drive	<input checked="" type="checkbox"/> Add
		Unit 121	<input type="checkbox"/> Remove
		Largo, Florida 33700	<input type="checkbox"/> Change
AMBR	Ryan Boice	118 West Bay Drive	<input checked="" type="checkbox"/> Add
		Unit 121	<input type="checkbox"/> Remove
		Largo, Florida 33770	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE FLORIDA

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 22

2016

Handwritten signature of Thomas Rossewey

Signature of a member or authorized representative of a member

AMBR - Thomas Rossewey

Typed or printed name of signee

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SECRETARY OF STATE
TAMPA, FLORIDA

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