L16000042196

(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600289882896

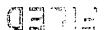
09/07/16--01008--009 **25.00



ptala

(ALLAHASSEE, FLORIDA

~ 0 1.1 9- d∃S 91



COVER LETTER

	Registration Se Division of Cor		w. S. C. C.	4			
<i>:</i> -		s Therapy, LLC	, •				
SUBJEC	:	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Sheery Weizman					
			Name of Person				
		Connections Therapy	`				
		<u></u>	Firm/Company	 			
		3307 NW 28th ave					
			Address				
		Boca Raton, FL, 33434					
		shiriw@hotmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report noti	fication)			
For furth	er information c	oncerning this matter, please c	all:				
Alona W	eizman/		954 439-3172 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	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 ORGANIZATION OF

Connections Therapy, LLC			
(Name of the Lin	nited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Linda document number L16000042196	Liability Company w	ere filed on	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liabilit	ty company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	TT ADDRESS)		
	-		
Inter new mailing address, if applicable:	-		
<u>Mailing address MAY BE A POST OFFICI</u>	E BOX)		
	_		
I. If amending the registered agent and	_	ce address on our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered o	office address here:		16.6
			SE SE SE
Name of New Registered Agent:	N/A		773
New Registered Office Address:		Enter Florida street address	mc- : 156
		Emer r writin street unaress	150 S
		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 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

<u>v*</u>	•		7	~~	**	~===	~~~	٠	~~~	*
		,			•					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alona Weizman	3930 n 38 ave hollywood fl, 33021	Add
······			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
·			Add
			Remove
			Change AHA
			
			Remove Change
			ORIU Change
			Add
			□ Remove
			□ Change

·	
	<u> </u>
	1 to
The second desired to	P. G.
	65 5
	O'
	ORIU
	- OF -
Effective date, if other than the date of filing:	6(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
document's effective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be listed as toords.
	t not an effective time, at 12:01 a.m. on the earlier of
) The 90th day after the record is filed.	
August 31st 2016 Dated	
Dated , , ,	. <u></u> .
21 W.	
Signature of a member or	authorized representative of a member
Sheery Weizman	
Tuned or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00