

L16000070568

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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Handwritten signature]* 6/3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sabal palms therapy center  
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:

Giselle Bayard / Joely Spencer  
Name of Person  
Sabal palms therapy center  
Firm/Company  
1860 N. pine Island Rd. suite 101-102  
Address  
plantation, FL 33322  
City/State and Zip Code  
sabal palms therapy @gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joely Spencer at ( 954 ) 560 9073  
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

Sabal palms Therapy center, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on April 8, 2016 and assigned  
Florida document number L 16000070568

This amendment is submitted to amend the following:

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

Sabal palms Therapy Solutions, LLC

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)

1860 N. pine island Rd.  
Suite 101-102  
plantation FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

Giselle Bayard, Esq.

New Registered Office Address:

1860 N. pine island Rd. Suite 101-102  
Enter Florida street address  
plantation, Florida 33322  
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

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>
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AMBR	Joely Spencer	1860 N. pine island Rd.	<input type="checkbox"/> Add
		Suite 101-102	<input type="checkbox"/> Remove

		plantation FL 33322	<input checked="" type="checkbox"/> Change
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AMBR	Maria Van Thienen	1860 N. pine island Rd.	<input type="checkbox"/> Add
		Suite 101-102	<input type="checkbox"/> Remove

		plantation FL 33322	<input checked="" type="checkbox"/> Change
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AMBR	Giselle Bayard	1860 N. pine island Rd.	<input type="checkbox"/> Add
		Suite 101-102	<input type="checkbox"/> Remove

		plantation FL 33322	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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2016 MAR 31 PM 11:10  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
TALLAHASSEE

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 05/25, 2016.

Joely Spencer

Typed or printed name of signee

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TALLAHASSEE FLORIDA