L16000089155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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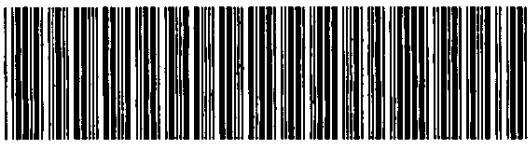

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2016 MAY 25 P 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2016

SWARREN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Tracy C Farrar Speech Therapy Services, 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:

Tracy C Farrar
Name of Person

Tracy C Farrar Speech Therapy Services, LLC
Firm/Company

701 Hazy Meadow Ct.
Address

Brandon FL, 33510
City/State and Zip Code

tracyfarrar1018@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy C Farrar at (813) 846-4531
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

Tracy C Farrar Speech Therapy Services, 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 5/6/2016 and assigned Florida document number L16000089155.

This amendment is submitted to amend the following:

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

Tracy Cheri Speech Therapy Services, 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: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2016 MAY 25 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: n/a

New Registered Office Address:

Enter Florida street address

_____, **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

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

n/a

Title	Name	Address	Type of Action
______	____________________	____________________	☐ Add
		____________________	☐ Remove
		____________________	☐ Change
______	____________________	____________________	☐ Add
		____________________	☐ Remove
		____________________	☐ Change
______	____________________	____________________	☐ Add
		____________________	☐ Remove
		____________________	☐ Change
______	____________________	____________________	☐ Add
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		____________________	☐ Change
______	____________________	____________________	☐ Add
		____________________	☐ Remove
		____________________	☐ Change
______	____________________	____________________	☐ Add
		____________________	☐ Remove
		____________________	☐ Change

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

n/a

E. Effective date, if other than the date of filing: ~~5-18-2016~~ error TF **(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 5-18-2016

Signature of a member or authorized representative of a member

Tracy Farrar

Typed or printed name of signee

FILED
2016 MAY 25 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00