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TALLAMASSEE, FLORIDA

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## **COVER LETTER**

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SUBJECT		erapy Associates Volusia LL	С			
SUBJECT	•	Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	m all correspo	endence concerning this matter	to the following:			
		Henry Lamplough		CALL ARSA FRANCH DIVISION OF CO TALL AHASSE		
			Name of Person	Service AN		
		Chase Therapy Associa	tes Volusia LLC			
			Firm/Company	FLORE W		
		1655 E Semoran Blvd ,	Suite #6	PH 3: 09 ISING REPORATIONS FLORIDA		
			Address			
		Apopka, FL 32703				
			City/State and Zip Code	<u></u>		
		Chasetherapyvolusia@g		·		
P. Cd.	:-F		to be used for future annual report no	otification)		
		oncerning this matter, please c				
Henry Lar	mplough		904 251-5546 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
<b>₹</b> 3 \$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)		
	ailing Addres		Street Address: Registration S	ection		
D	ivision of C	Corporations	Division of C	orporations		
	O. Box 632 allahassee, l		The Centre of	Tallahassee oe Street, Suite 810		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chase Therapy Associates Vol		·-····································	
(Name of the Lim	(A Florida Limited I	ny as it now appears on our l Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company	were filed on 7/18/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity 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)		5083 Fiorella Lane	
		Sanford, FL 32771	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		5083 Fiorella Lane Sanford, FL 32771	DIVISION AND AND AND AND AND AND AND AND AND AN
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office a	address on our records, g	
Name of New Registered Agent:	Henry Lamplo	ough	09 00 00 00 00 00 00
New Registered Office Address:	5083 Fiorella		
		Enter Florida street	address
	Sanford		, Florida <u>32771</u>
		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>	Type of Action
MGR	Anthony S Chase	974 Rock Creek St	
		Apopka, FL 32712	■Remove
		_	□Add
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(If an effective da	e, if other than t ate is listed, the date r late inserted in this ffective date on the	must be specific and block does not n	l cannot be prior to neet the applica	o date of filing or able statutory fi	more than 90 day	(optional) s after filing.) Pursu ts, this date will no	ant to 605. ot be liste	.0207 (3 ed as th
Note: If the d document's ef		tive date, but not	an effective tir	ne, at 12:01 a.r	n, on the earlier	of: (b) The 90th	day after	the
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Filing Fee: \$25.00