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Amendoci

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COVER LETTER

	ation Section a of Corporations	
A - 1-0 A - 1 - 0 - 0 - 0	le Champions Therapy and Services, LLC	
Sobject.	Name of Limited Liability Company	
	icles of Amendment and fee(s) are submitted for filing.	
	Sary Noncent	
	Name of Person	
	Firm/Company	
	10879 LANTANA CREST	
	Address	
	Clermont, FL 34711	
	City/State and Zip Code childrenwin@littlechampionstherapy.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Sary Noncent	321 276-5054 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
□ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed)	Status &

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

Entile Champions Therapy and Services, LLC	لم مير
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000190661</u>	y were filed on 10/14/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10879 LANTANA CREST
(Principal office address MUST BE A STREET ADDRESS)	Clermont, FL 34711
Enter new mailing address, if applicable:	10879 LANTANA CREST
(Mailing address MAY BE A POST OFFICE BOX)	Clermont, FL 34711
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
	zip Coue

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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actic
AMBR	Michele Schwartz		
			□ Add
		1922 Lake Roberts Landing Winter Garden, FL 34787	Remove
AMBR	Tawanda Moore		Change
AMBK			
		3065 Biltmore Park Drive #202	
		Orlando, FL 32835	Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			
			□ Remove
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	6/29/19
E ffective Tan effect	date, if other than the date of filing: (optional) ive 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.
LAOTE: 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste?'s effective date on the Department of State's records.
	and a second sec
ne recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
	and area the record is filed.
Dated	2019
	Middle XX
	Signature of a member or authorized representative of a member
	Michele Schwartz
	-

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Filing Fee: \$25.00