

L16000225449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

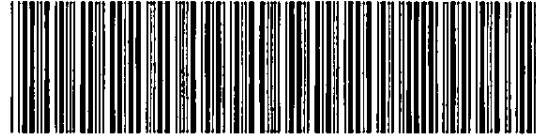
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Triple CCC Therapy, 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:

Caitlin Smith  
Name of Person  
Triple CCC Therapy, LLC  
Firm/Company  
1113 Creek Woods circle  
Address  
Saint Cloud, FL 34772  
City/State and Zip Code  
sunnypaththerapy@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlin Smith at (321) 402-3705  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Triple CCC Therapy, LLC

The Articles of Organization for this Limited Liability Company were filed on 12/13/2016 and assigned Florida document number L16000225449

Sunny Path Therapy, LLC

**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>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 January . 2020

Caitlin Smith

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Caitlin Smith

Typed or printed name of signee

**Filing Fee: \$25.00**