

L17000003865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

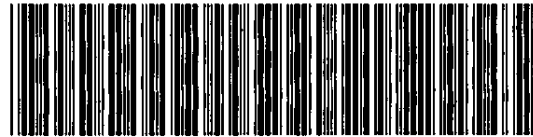
(Business Entity Name)

(Document Number)

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JAN 24 2017
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TALLAHASSEE, FLORIDA
17 JAN 23 PM 4:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Glades 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:

Cecilia Heredia, AMBR

Name of Person

Glades Therapy, LLC

Firm/Company

1 NE 167th St Suite 100

Address

North Miami Beach, FL 33162

City/State and Zip Code

rehab@gladestherapy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia Heredia

786

671-1416

at (_____) _____

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Glades Therapy, 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 January 5, 2017 and assigned
Florida document number L17000003865.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|-----------------------------|--|
| MGR | Mercati, LLC | 6815 Biscayne Blvd # 103174 | <input type="checkbox"/> Add |
| | | Miami, Fl 33138 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Glades Medical Centers, LLC | 1 NE 167th St | <input type="checkbox"/> Add |
| | | North Miami Beach, Fl 33162 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Cecilia Heredia | 1 NE 167th St | <input checked="" type="checkbox"/> Add |
| | | Suite 100 | <input type="checkbox"/> Remove |
| | | North Miami Beach, Fl 33162 | <input type="checkbox"/> Change |
| MGR | Liliane Elkhoury | 2263 SW 37th Ave # 536 | <input checked="" type="checkbox"/> Add |
| | | Coral Gables, Fl 33145 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there is a small, dark, irregular mark or smudge. The overall appearance is that of a clean, unused piece of stationery.

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(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:

(b) The 90th day after the record is filed.

Dated January 18th, 2017.

A MBR
Signature of a member or authorized representative of a member

Cecilia Heredia
Typed or printed name of signee