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(F	Requestor's Name)
(<i>f</i>	Address)
(4	Address)
(0	City/State/Zip/Phone #)
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(E	Document Number)
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COVER LETTER

TO: Regis	stration Secti- ion of Corpo	on rations		
		ERAPY, LLC		
SUBJECT: _	<u>-</u>	Name of Limit	ted Liability Company	
The enclosed /	Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return a	ill correspond	ence concerning this matter to	o the following:	
		CECILIA HEREDIA, AMI	BR	
			Name of Person	
		Glades Therapy, LLC		
			Firm/Company	
		1 NE 167TH ST Suite 100		
			Address	
		North Miami Beach, FL 33	162	
			City/State and Zip Code	
		rehab@gladestherapy.com		
For further inf	ormation conc	e-man address: (to	o be used for future annual report noti:	neation)
Cecilia Hered	ia		786 671-1416	
	Name of Pe	erson	Area Code Daytime	e Telephone Number
Enclosed is a c	check for the f	following amount:		
□ \$25.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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



Glades Therapy, LLC

() () () () () () () () () ()		OCE, FI ORION		
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 liab	ility company here:			
Shores Therapy, LLC				
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:	358 NE 105th St			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FI 33138			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		nter the name of the		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida street address			
	enter v tortaa street address			
	, Florid			
	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	Liliane Elkhoury	2263 SW 37th Ave # 536	
		Coral Gables, Fl 33145	
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			Remove
			Change
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on effective date is listed, the date must ote: If the date inserted in this blo	pe specific a ck does not	ind cannot be: t meet the ar	prior to date o plicable stat	f filing or more atory filing re	than 90 days afte quirements, thi	r filing.) Pursuar is date will not	nt to 605,0207 be listed as
ocument's effective date on the De				, -			
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record specifies a delayed The 90th day after the reco			not an e	rective time	e, at 12:01	a.m. on the	earlier of
December 26 		_ · 					
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Page 3 of 3

Filing Fee: \$25.00