L17000186546

(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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SEP 28 2020
S. YOUNG

FILED
2020 SEP 25 PM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2020

ALIZA SAKOWITZ
SUNSHINE THERAPY PARTNERS LLC
3981 NORTH 42ND TERRACE
HOLLYWOOD, FL 33021

SUBJECT: SUNSHINE THERAPY PARTNERS LLC
Ref. Number: L17000186546

We have received your document for SUNSHINE THERAPY PARTNERS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

THE PURPOSE OF THE PLLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 220A00016733

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: Sunshine Therapy Partners 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:

Aliza Saxewitz
Name of Person

Sunshine Therapy Partners LLC
Firm Company

3981 North 42nd Terrace
Address

Hollywood, FL 33021
City/State and Zip Code

mysunshinetherapy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aliza Saxewitz at (954) 605-2969
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

# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
2020 SEP 25 PM 6:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine Therapy Partners 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 August 30, 2017 and assigned Florida document number L17000186546

This amendment is submitted to amend the following:

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

Sunshine Therapy Partners PLLC

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)*

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: Sheldon Gittleson

New Registered Office Address: 1100 Ne 163rd Street Suite #401
*Enter Florida street address*

Miami Florida 33162
*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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐Add |
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Our lawyer advised us that since we are a professional company we should change our company to a PLLC.
Therapy

**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 07/13/2020.

Aliza Sakowitz
Signature of a member or authorized representative of a member

Aliza Sakowitz
Typed or printed name of signee