| L170000 | |
|--|--|
| (Requestor's Name) (Address) (Address) | 800310434508 |
| (City/State/Zip/Phone #) | 03/16/1801021008 **25.00 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | FILED FALLAHASSEE.FLORID: 18 MAR 16 PM 7: 27 |
| Office Use Only | |
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|-------------|------------------------------------|--|------------------------------|--|---|
| | Registration Se Division of Cor | | | | |
| SUBJECT | | ITY THERAPY ASSOCIATE | S. LLC | | |
| SUBJECT | · | Name of Lim | aited Liability Com | pany | |
| | • | | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retu | urn all correspo | ndence concerning this matter | to the following: | | |
| | | Nathan Hill | | | |
| | | | Name of Pe | rson | |
| | | | | | |
| | | | Firm/Comp | pany | |
| | | 4125 HUNTERS PARK L | N. SUITE 117 | | |
| | | | Address | | <u> </u> |
| | | Orlando, FL 32837 | | | |
| | | | City/State and Z | lip Code | |
| | | nhillmd2001@yahoo.com E-mail address: (| to be used for futur | e annµal report no | tification) |
| For further | r information co | oncerning this matter, please c | all: | | |
| Nathan Hi | ill | | 321 | 217-5053 | |
| <u>-</u> . | Name of | l'Person | at (Area C | ode Dayti | me Telephone Number |
| Enclosed i | is a check for th | e following amount: | | | |
| | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified ((additional c | | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations bx 6327 issee, FL 32314 | F [2 2 | STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Fallahassee, FL 3 | orations Center Circle |

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| ARTICLES OF AN | ENDMENT | | |
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| ARTICLES OF ORC | ANIZATION | | |
| • • • • OF | | | |
| COMMUNITY THERAPY ASSOCIATES, LLC | | | |
| (Name of the Limited Liability Company as (A Florida Limited Liabil | in now appears on our records.) | | |
| | ny Company) | | |
| The Articles of Organization for this Limited Liability Company were | e filed on <u>8/22/2008</u> | and ass | signed |
| Florida document number L18000010145 | | | |
| This amendment is submitted to amend the following: | | | |
| Ū | | | |
| A. If amending name, enter the new name of the limited liability | <u>company here</u> : | | |
| The new name must be distinguishable and contain the words "Limited Liability C | ormony" the designation "I I C" or the other | aviation "I | <u> </u> |
| | onuany, the designation LLC of the above | | |
| Enter new principal offices address, if applicable: | | MAR | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | R J | HAS FI |
| | | PM | |
| | | ₹ - | S S S S |
| Enter new mailing address, if applicable: | | مە | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u></u> |
| | | | |
| R If amonding the maintained agent and/or registered offer | | | 6 41 |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter in | <u>le name</u> | <u>ot the new</u> |
| 1 | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| 1 | , 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 | e to comp | ly with the |
| provisions of all statutes relative to the proper and complete perf | formance of my duties, and I am fan | niliar wit | h and |
| accept the obligations of my position as registered agent as provi being filed to merely reflect a change in the registered office add | ress, I hereby confirm that the limit | inis aocu ied liabili | ineni is Iy |
| 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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| Title | Name | Address | Type of Action |
|----------|--------------|----------------------|----------------|
| MGR | Eudene Harry | 4125 HUNTERS PARK LN | 🗆 Add |
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| ffective date, if other than the | date of filing: MARC | CH 12,2018 | (opti | anal) | |
| an effective date is listed, the date mus | st be specific and cannot be | prior to date of filing of | r more than 90 days after | r filing.) Pursuant to 605 | 5.0207 (|
| ote: If the date inserted in this bl ocument's effective date on the D | ock does not meet the ap epartment of State's rec | pplicable statutory fi ords. | ling requirements, this | s date will not be list | ed as t |
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| e record specifies a delayed | d effective date, bu | t not an effectiv | e time, at 12:01 a | a.m. on the earli | er of: |
| The 90th day after the rec | | | | | |
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| ated MARCH 12 | , | | | | |
| | 1 | 67 | | | |
| | Signature of a member or | | | | |
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| | | Page 3 of 3 | | | |