

L180000 10145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800310434508

03/16/18--01021--008 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 16 PM 7:27

N COOPER

MAR 19 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMMUNITY THERAPY ASSOCIATES, 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:

Nathan Hill

Name of Person

Firm/Company

4125 HUNTERS PARK LN, SUITE 117

Address

Orlando, FL 32837

City/State and Zip Code

nhillmd2001@yahoo.com

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

For further information concerning this matter, please call:

Nathan Hill

321 217-5053

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

## Page 1 of 3

FILED  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA  
18 MAR 1966 PM 7:27

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          | Eudene Harry | 4125 HUNTERS PARK LN | <input type="checkbox"/> Add               |
|              |              | SUITE 117            | <input type="checkbox"/> Remove            |
|              |              | ORLANDO, FL 32837    | <input checked="" type="checkbox"/> Change |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAR 16 PM 7:27

E. Effective date, if other than the date of filing: MARCH 12, 2018 (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 MARCH 12, 2018

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

Terrence Dore

\_\_\_\_\_  
Typed or printed name of signee