

L180000052419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

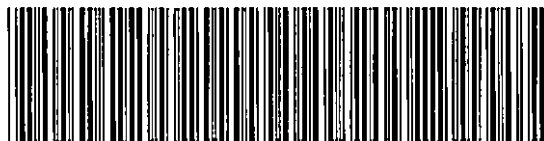
(Business Entity Name)

(Document Number)

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18 JUL 11 AM 7:39
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n BRUCE
JUL 20 2018



WELLBAUM & EMERY, P.A.

R.W. WELLBAUM, JR.
LORI WELLBAUM EMERY*
*ALSO ADMITTED IN CALIFORNIA

686 NORTH INDIANA AVENUE
ENGLEWOOD, FLORIDA 34223
TELEPHONE (941) 474-3241
FAX (941) 475-2927

July 9, 2018

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: DANNECKER OCCUPATIONAL THERAPY SERVICES, LLC

The enclosed Articles of Amendment and fee (s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Wellbaum Emery
Wellbaum & Emery, P.A.
686 N. Indiana Avenue
Englewood, Florida 34223

For further information concerning this matter, please call:

Lori Wellbaum Emery at (941) 474-3241

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 filing fee	<input checked="" type="checkbox"/> \$30.00 Filing Fee	<input type="checkbox"/> \$55.00 Filing Fee &	<input type="checkbox"/> \$60.00 Filing Fee.
	Filing Fee &	Certified Copy (add'l	Certificate of
	Certificate Status	copy is enclosed)	Status & Certified
			Copy (add'l copy
			is enclosed)

Yours very truly, yours

Lori Wellbaum Emery

LWE/ar
Enclosures

18 JUL 11 AM 7:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DANNECKER OCCUPATIONAL THERAPY SERVICES, 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:

LORI WELLBAUM EMERY

Name of Person

Wellbaum & Emery, P.A.

Firm/Company

686 N. Indiana Avenue

Address

Englewood, FL 34223

City/State and Zip Code

lemery@wellbaumandemery.com

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

For further information concerning this matter, please call:

Lori Wellbaum Emery

941 474-3241
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

18 JUL 11 AM 7:35

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
DANNECKER OCCUPATIONAL THERAPY SERVICES, LLC
(A Florida Limited Liability Company)


- FIRST: The Articles of Organization were filed on February 27, 2018 and assigned document number L18000052419.
- SECOND: The following amendment to the Articles of Organization was adopted by the limited liability company:

ARTICLE II

Address

The mailing and street address of the Company's principal office is 15251 Ballast Point Drive, Unit 1107, Fort Myers, Florida 33908.

Dated July 1, 2018.



BRIANA DANNECKER

Signature of a member or authorized representative of a member

18 JUL 11 AM 7:39

ARTICLES OF AMENDMENT
TO
OPERATING AGREEMENT
OF
DANNECKER OCCUPATIONAL THERAPY SERVICES, LLC
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on February 27, 2018 and assigned document number L18000052419.

SECOND: The following amendment to the Operating Agreement was adopted by the limited liability company:

ARTICLE II – OFFICE

The principal office of the Company is located at 15251 Ballast Point Drive, Unit 1107, Fort Myers, Florida 33908.

Dated July 1, 2018.



BRIANA DANNECKER

Signature of a member or authorized representative of a member

18 JUL 11 AM 7:59
JUL 11 2018

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

DANNECKER OCCUPATIONAL THERAPY SERVICES, 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 02/27/2018 and assigned
Florida document number L18000052419.

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)

15251 Ballast Point Drive
Unit # 1107
Fort Myers, FL 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15251 Ballast Point Drive
Unit # 1107
Fort Myers, FL 33908

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	BRIANA DANNECKER	15251 Ballast Point Drive, Unit 1107	<input type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

18 JUL 11 AM 9:35

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

Principal & Mailing Address is to be amended to reflect the following:

15251 Ballast Point Drive, Unit 1107, Fort Myers, FL 33908

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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 July 1, 2018.



Signature of a member or authorized representative of a member

BRIANA DANNECKER

Typed or printed name of signer