

L18000052419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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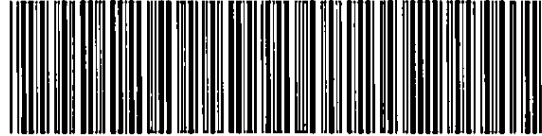
(Business Entity Name)

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19 JUN 28 PM 6:05
TALLAHASSEE, FLORIDA



WELLBAUM & EMERY, P.A.

R.W. WELLBAUM, JR. (1943-2018)
LORI WELLBAUM EMERY*

*ALSO ADMITTED IN CALIFORNIA

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

June 24, 2019

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 checked="" type="checkbox"/> \$25.00 filing fee	<input 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

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, Florida 34223

City/State and Zip Code

brianadinev@hotmail.com

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

For further information concerning this matter, please call:

BRIANA E. DANNECKER

Name of Person

at (941)

830-4773

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

**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 7/11/2018 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)

23271 Marsh Landing Boulevard

Estero, Florida 33928

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23271 Marsh Landing Boulevard

Estero, Florida 33928

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 E. DANNECKER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		23271 Marsh Landing Boulevard	
		Estero, Florida 33928	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated June 22, 2019


Signature of a member or authorized representative of a member

Typed or printed name of signee