

L18 000 156246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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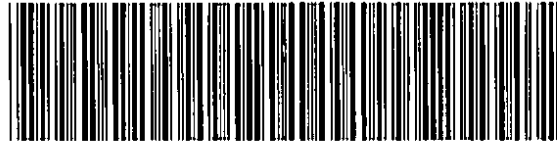
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

OCT 30 2018

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TherapyInTheGarden, 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:

BettyJo Camp

Name of Person

TherapyInTheGarden, LLC

Firm/Company

213 South Dillard Street - Suite 110F

Address

Winter Garden, Florida 34787

City/State and Zip Code

jo@therapyinthegarden.com

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

For further information concerning this matter, please call:

BettyJo Camp

918

521-1997

at (_____) _____

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

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

THERAPYINTHEGARDEN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/26/2018 and signed by _____
Florida document number L18000156246

This amendment is submitted to amend the following:

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

Therapy In The Garden, LLC

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:

213 South Dillard Street, Suite 110F

(Principal office address MUST BE A STREET ADDRESS)

Winter Garden, FL 34787

Enter new mailing address, if applicable:

P.O. Box 783396

(Mailing address MAY BE A POST OFFICE BOX)

Winter Garden, FL 34778

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:

213 South Dillard Street, Suite 110F

Enter Florida street address

Winter Garden

City

Florida 34787

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	BettyJo Camp		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		213 SOUTH DILLARD STREET SUITE 110F. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change
		Winter Garden, FL 34787 Bsc	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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 August 2nd 2018

Signature of a member or authorized representative of a member

BettyJo Camp

Typed or printed name of signee

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TALLAHASSEE, FL