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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Katina Thompson			
		Name of Person		
	THOMPSON THERAPEU	JTIC AND TRANSITION SERVI	ICES, L.L.C.	
	<u> </u>	Firm/Company	<u> </u>	
	6171 Hook Ln			
		Address		
	Boynton Beach, FL 33437			
	Troymon Frederic 1 15 55 157	City/State and Zip Code		
	katinathompson72@gmail.c	com		
	E-mail address: (to be used for future annual report not	lification)	
For further information o	oncerning this matter, please ca	all:		
Katina Thompson		at (561) 8436458		
Name o	f Person	at (561) 8436458 Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 632	-		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMPSON THERAPEUTIC AND TRANSITION SERVICES, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.) (E IARY OF STATE

(A Florida Limited Liability Company)

IALLAHASSEE

The Articles of Organization for this Limited Liability Con	mpany were filed on 05/02/2019	and assigned
Florida document number <u>L19000119317</u>		
This amendment is submitted to amend the following:		
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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. 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:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da Zip Code
	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 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>	Address	Type of Action
AMBR	Brianna Thompson	2100 Muriel St NE	■Add
		Albuquerque, NM 87110	□Remove
			Change
AMBR_	Alexis Thompson	13824 Econ Woods Ln	■Add
		Orlando, FL 32826	Remove
AMBR	Richard Michael-Isaiah Thompson	6171 Hook Ln	
		Boynton Beach, Fl. 33437	□Remove
			□Change
AMBR	Richard B. Thompson	6171 Hook Ln	= Add
		Boynton Beach, FL 33437	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	(option more than 90 days after ling requirements, this	filing.) Pursuant to	605.020 listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n is filed.	a, on the earlier of: (b) The 90th day	after the
ted May 24			
	~ .		