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(R€	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #)	
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COVER LETTER

Division of Co			
H2O THE SUBJECT:	ERAPY, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SAMI SHIRO		
		Name of Person	
	H2O THERAPY, LLC		
	<u> </u>	Firm/Company	
	18851 NE 29TH AVE, SU	TTE 1012	
		Address	
	AVENTURA, FL 33180		
	INFO@SHIRO-WEB.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please ea	all;	
SAMI SHIRO		954 455-1221	
Name	of Person	at () Area Code Daytime	e 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 fadditional copy is enclose

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

H20 THERAPY, LLC

(A Florida Limited Liability Company)	
for this Limited Liability Company were filed on 05/07/2019	

The Articles of Organization for this Limited Liability Compa Florida document number $\frac{L19000124135}{L19000124135}$	ny were filed on 05/07/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·····
Enter new mailing address, if applicable:		201 S.R.
(Muiling address MAY BE A POST OFFICE BOX)	W-18-1	
		25 C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		33000
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	ła
	City	iaZip Code
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and l is provided for in Chapter 605, F.S	am familiar with and . Or, if this document is
<u>ico</u>	hanging Begistered Agent Signature of N	my Danistand Assault

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>	Type of Action
MGR	ELI SHIRO	18851 NE 29TH AVE, STE 1012, AVENTURA, FL 33180	<u></u>
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Filing Fee: \$25.00