

L1900017985

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000133027 3)))



H240001330273ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000057
Phone : (850)973-4186
Fax Number : (850)973-8564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMITH THERAPY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
Help
APR 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

((H24000133027 3)))

SUBJECT: SMITH 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:

CHANDRA C. SMITH

Name of Person

SMITH THERAPY SERVICES, LLC

Firm/Company

324 NE CAMELIA WAY

Address

MADISON, FL 32340

City/State and Zip Code

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

For further information concerning this matter, please call:

CHANDRA C. SMITH

850

973-7167

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

((H24000133027 3)))

AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
SMITH THERAPY SERVICES, LLC

The undersigned subscriber to these Amended and Restated Articles of Organization, a natural person, competent to contract, hereby execute these Amended and Restated Articles of Organization for the purpose of amending the Articles of Organization for SMITH THERAPY SERVICES, LLC, a Florida limited liability company, filed on July 15, 2019, and assigned Document Number L19000171985.

ARTICLE I.

The name of this limited liability company is SMITH THERAPY SERVICES, LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 324 NE Camelia Way, Madison, Florida 32340.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is CHANDRA C. SMITH, 324 NE Camelia Way, Madison, Florida 32340.

ARTICLE V.

The only members of this limited liability company are CHANDRA C. SMITH and GARETH A. SMITH. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

2024 AUG 11 PM 3:31

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed company, and the managers shall be CHANDRA C. SMITH and GARETH A. SMITH, each of whom shall have the right and authority to act without the consent and joinder of the other.

IN WITNESS WHEREOF, the said Managers have hereunto set their hand and seal this

11th day of April, 2024.

Chandra C. Smith
CHANDRA C. SMITH, Manager and Member

Gareth A. Smith
GARETH A. SMITH, Manager and Member

STATE OF FLORIDA
COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared CHANDRA C. SMITH and GARETH A. SMITH, before me known to be the persons described as the Managers and members of SMITH THERAPY SERVICES, LLC, and who executed the foregoing Amended

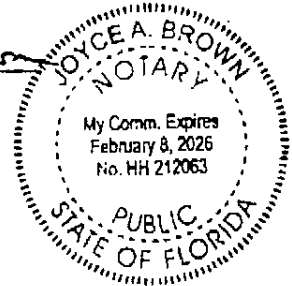
((H24000133027 3))

and Restated Articles of Organization, and acknowledged before me that they subscribed to these Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this 17th day of April, 2024.

My Commission Expires:

Royce A. Brown
Notary Public



The remainder of this page was intentionally left blank.

((H24000133027 3)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OR PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Chapter 605 and /or Chapter 621, Florida Statutes, the following is submitted:

SMITH THERAPY SERVICES, LLC, with its principal place of business at 324 NE Camelia Way, Madison, Florida 32340, names CHANDRA C. SMITH, whose mailing address is 324 NE Camelia Way, Madison, Florida 32340, and street address is 324 NE Camelia Way, Madison, Florida 32340, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

SMITH THERAPY SERVICES, LLC

By: Chandra C. Smith
CHANDRA C. SMITH, Manager

By: Gareth A. Smith
GARETH A. SMITH, Manager

Dated: April 11, 2024

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.

Chandra C. Smith
CHANDRA C. SMITH
Registered Agent

Dated: April 11, 2024