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(F	Requestor's Name)	
(A	Address)	
<u> </u>	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	" "

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

305 Therap	oy Services, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ariel Comiel			
		Name of Person		
	305 Therapy Services, LLC			
		Firm/Company	· -	
	3801 Willow Lake Dr. #21	1		
	Name of Person 305 Therapy Services, LLC Firm/Company 3801 Willow Lake Dr. #211 Address Kalamazoo, MI 49008 City/State and Zip Code 305therapyservices@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:			
	Kalamazoo, MI 49008			
	· · · ·	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please co	all:		
Ariel Corniel				
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre			ction	
Division of C		Division of Cor		
	P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)	
were filed on 03/26/2021	and assigned
ility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
7773 SW 35 TRY	202
MIGMI, FC 33155	7 F F F F F F F F F F F F F F F F F F F
	· +
3801 Willow Lake Dr #211	
Kalamazoo, MI 49008	
	0
address on our records, <u>enter the</u>	name of the new regist
=-	
Enter Florida street address	
121 mile	ł.,
, Floric , Floric	ia Zip Code
	7773 Sed 35 Teys HIGMI, FC 33153 3801 Willow Lake Dr #211 Kalamazoo, MI 49008 address on our records, enter the

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

Title	<u>Name</u>	Address	Type of Action
			ElAdd
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			□Change
			□Add
			□Remove
			Change CONTROL
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ffective date, if other to an effective date is listed, the ote: If the date inserted ocument's effective date	e date must be specific in this block does n	and cannot be price of meet the appli	or to date of filing cable statutory	or more than 90 d	_ (optional) ays after filing. ents, this date) Pursuant to 605.020 will not be listed a
record specifies a delayed is filed.	d effective date, but	not an effective	time, at 12:01 a	m. on the earlie	erof:(b) Th	e 90th day after the
nted February 3	101		·			
,	ADIA	~ 1				

Filing Fee: \$25.00