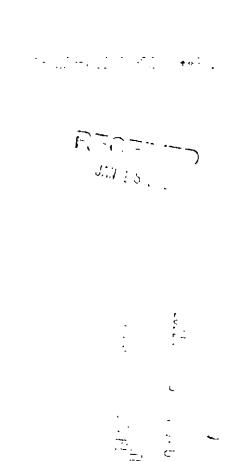
## LZ1000 411024

(	(Requestor's Name)
	(Address)
(	(Address)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions	to Filing Officer:

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A. BUTLER JAN 26 2022

## **COVER LETTER**

TO: Registration So Division of Cor			
	ERAPY SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TRACY ANN THOMPSO	)N	
		Name of Person	
	T & N THERAPY SERV	ICES LLC	
	<del></del>	Firm/Company	
	4901 N TRAVELERS PA	LM LN	
		Address	<del></del>
	TAMARAC, FL, 33319		
		City/State and Zip Code	<del> </del>
	THUTCHINO1@GMAIL.C		ification)
For further information c	concerning this matter, please o	·	
TRACY ANN THOMPS		954 901-5440	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	rporations
P.O. Box 632			
Enclosed is a check for the \$25.00 Filing Fee  Mailing Address Registration Spirition of Communication and Communication	concerning this matter, please e SON  of Person  he following amount:  S30.00 Filing Fee & Certificate of Status  Section Corporations 27	954 901-5440  at ()  Area Code Daytin  S55.00 Filing Fee & Certified Copy radditional copy is enclosed)  Street Address: Registration Scopiusion of Contraction of Co	■ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is ence

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and the

T & N THERAPY SERVICES L.L.C	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 09-16-2021 and assigned
This amendment is submitted to amend the following	a.
A. If amending name, enter the new name of the	limited liability company here:
T & N HEALTHCARE SERVICES L.L.C	
he 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:	NOT APPLICABLE
Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	NOT APPLICABLE
3. If amending the registered agent and/or registongent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: NO	OT APPLICABLE
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zin 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>	Address	Type of Action
			DAdd
			∐Remove
			□Change
			□Add
			□Remove
		[	□Change
			[]Add
			□Remove
			□Change
			□Add
		1	□Remove
			□Change
			[ ]Add
			□Remove
			□Change
			□Add
			□Remove

Note	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	01/14/2022
	Signature of a member or authorized representative of a member
	TRACY ANN THOMPSON