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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor		:	e 		
SUBJEC	Rivertown 7	Therapy Services LLC				
SOBJEC		Name of Lim	ited Liability Company	<del></del>		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ndence concerning this matter	to the following:			
		Isabel Lawton				
			Name of Person			
	Rivertown Therapy Services LLC					
		<del></del>	Firm/Company	···		
		12189 Diamond Springs D	rive			
			Address	<del></del>		
		Jacksonville, FL 32246				
	City/State and Zip Code					
		rivertowntherapyservices@	*			
For furthe	er information c	e-mail address: ( oncerning this matter, please c	to be used for future annual report notif	fication)		
Isabel La	wton		904 463-5602 at ( )			
Name of Person		f Person		c Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	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)		
		<b>.</b>				
Mailing Address: Registration Section		Street Address: Registration Sec	etion			
Division of Corporations		orporations	Division of Cor			
P.O. Box 6327		The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Rivertown Therapy Services LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/06/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The Grove Therapy Co LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	13475 Atlantic Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Unit 8 Suite M960		
	Jacksonville, FL 32225		
Enter new mailing address, if applicable:	13475 Atlantic Blvd		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 8 Suite M960		
	Jacksonville, FL 32225		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regist		
New Registered Office Address:	Enter Florida street address		
<del></del>	, Florida		
Nam Bagistanad Agant's Signature if sharping Barbaras 4	•		
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>	Name	<u>Address</u>	Type of Action
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