

P160000090685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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19 OCT 29 AM 4:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 30 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

STEPHANIE WITTCSHNE-SPRING
THE GROUNDINGS BY THE SPRINGS
4004 COLEMAN ROAD
VENICE, FL 34293

SUBJECT: THE GROUNDINGS BY THE SPRINGS, LLC
Ref. Number: L19000119663

We have received your document for THE GROUNDINGS BY THE SPRINGS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 619A00021224

REC-1

2019 OCT 22 10:52

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LZ Therapy dba Children's Therapy Works
DOCUMENT NUMBER: P16000090685

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Wittschen-Spring
Name of Contact Person
LZ Therapy Inc. dba Children's Therapy Works
Firm/ Company
63 Sarasota Center Blvd #101
Address
Sarasota, FL 34240
City/ State and Zip Code
programsatctw@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Wittschen-Spring 941 524 7390
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

LZ Therapy dba Children's Therapy Works
(Name of Corporation as currently filed with the Florida Dept. of State)

PI6000090685

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4004 Coleman Road
Venice, FL 34293

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>P</u>	<u>Lelia Elzey</u>	<u>236 FAIRWAY ISLES LN.</u>
<u> </u> Add			<u>Bradenton, FL 34212</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>P</u>	<u>Stephanie Wittschen-Spring</u>	<u>4004 Coleman Road</u>
<u>X</u> Add			<u>Venice, FL 34293</u>
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

09/26/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

09/26/2019

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- “The number of votes cast for the amendment(s) was/were sufficient for approval
- by _____.”
(voting group)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

9/26/2019

Dated _____

Signature _____

Stephanie Wittschen-Spring
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Stephanie Wittschen-Spring

(Typed or printed name of person signing)

President - New

(Title of person signing)

The date of each amendment(s) adoption: 9.26.19, if other than the date this document was signed.

Effective date if applicable: 9.26.19
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9.26.19

Signature Helia Elzey
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Helia Elzey
(Typed or printed name of person signing)

Former President/owner
(Title of person signing)

Business Bill of Sale (Purchase Agreement)

I. **The Parties.** This document was signed on the 25 day of September, 2019 between The Groundings ^{Stephanie Wittschen - Spring} with a street address of 4004 Coleman Rd City of Venice, State of Leila Elzey Florida (Hereinafter known as the "Buyer") and LZ Therapy Inc with a street address of 236 Fairway Isle City of Bradenton, State of Florida (Hereinafter known as the "Seller").

II. **The Business.** Seller acknowledges they have the right to sell the business entity known as LZ Therapy Inc. incorporated in the State of Florida with a principal office located at 123 Sarasota Center Blvd City of Sarasota, State of Florida along with all it's assets, shares, ownership interest, personal property, employees, leases, contracts, trademarks, copyrights, and any other tangible or intangible interest (Hereinafter known as the "Business").

III. **Purchase Price.** The Buyer and Seller agree to a purchase price of \$ 8,000 (US Dollars) to be acceptable for the sale of the Business. The Buyer agrees to make the funds available on the day of the transfer of the Business known as the 25 day of September, 2019. Before, during, and after the sale, the Seller agrees to do everything in their power to educate the Buyer about the practice of the Business.

Buyer Signature Stephanie Wittschen - Spring Date 9.25.19 Print Stephanie Wittschen - Spring

Seller Signature Leila Elzey Date 9/25/19 Print Leila Elzey
Witness Signature Kerstin Porten Date 9/25/19 Print Kerstin Porten
Witness Signature [Signature] Date 9/25/2019 Print MICHAEL MYERS

Certificate of Acknowledgement

State of FLORIDA

County of SANASOTA

On the 29 day of SEPTEMBER, 2019 before me, STEPHANIE WITTSCHON
personally appeared, LEILA ELZEY, _____, proved to me
on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed
the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s) or the entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and official seal,

[Signature]
(Notary Signature)

MICHAEL MYERS
(Print Name)

My Commission Expires: 11/05/2022

(seal)

