

L13000052056

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.
Account Number : I20120000033
Phone : (305) 801-5394
Fax Number : (786) 231-5720

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TALLAHASSEE, FLORIDA
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Email Address: Richard@GATaxesConsulting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEVELOPMENTAL THERAPIES AND BEYOND LLC**

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*C. LEWIS
MAY 8 - 2013
EXAMINER*

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

13 MAY -7 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEVELOPMENTAL THERAPIES AND BEYOND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/09/2013 and assigned Florida document number L13000052056.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 608, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: **FILED**

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MGR = Manager

MGRM = Managing Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ELENA UGAS	17006 NW 22ND ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

05/07/2013

Elena Vargas

Signature of a member or authorized representative of a member

Elena Vargas

Typed or printed name of signee

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