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2016 FEB 25 PM 12: 31

K.SALY EXAMINER

FEB 29

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Toelken-Zielinski Behavioral Therapy, LLC
The en	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing.
	return all correspondence concerning this matter to the following:

Stephanie Zielinski

	 	Name of Person	
	Toelken-Zielinski Behavio	oral I nerapy	
		Firm/Company	
	5857 30th Ave. N.		
		Address	
	St. Petersburg, FL. 33710		
		City/State and Zip Code	
	stephz.bcba@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Stephanie Zielinski		727 6373100	
Name of	f Person	at () Area Code Davtin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

2016 FEB 25 PH 12: 31 Toelken-Zielinksi Behavioral Consulting (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on L150CRCTO8 #L15000068217 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Integrated Roots Behavioral Therapy, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5857 30th Avenue North Enter new principal offices address, if applicable: Saint Petersburg, FL. 33710 (Principal office address MUST BE A STREET ADDRESS) 5857 30th Avenue North Enter new mailing address, if applicable: Saint Petersburg, FL, 33710 (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. New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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fect	ive date, if other than the date of filing: (optional) rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier σ $2:01$ 90th day after the record is filed.
	. Sour day area the record is filed.
~+ ~ d	February 12th, 2016.
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	The state of the s
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer Stephanie Zielinski

Page 3 of s

Filing Fee: \$25.00