

L15 0000 80178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

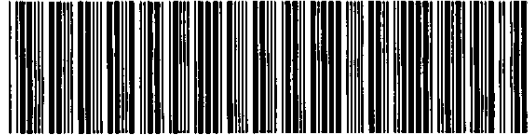
(Business Entity Name)

(Document Number)

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2016 JUL 19 P 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 20 2016

COVER LETTER

**TO: Registration Section
División of Corporations**

SUBJECT: STRONG FOUNDATIONS BEHAVIOR SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Biroschik

Name of Person

Don Biroschik CPA PA

Firm/Company

35 Knight Boxx Road #4

Address

Orange Park, FL 32065

City/State and Zip Code

Ashley.L.Hooks@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Biroschik

904 276-2262
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Strong Foundations Behavior Services, 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 5/6/2015 and assigned
Florida document number L15000080178.

This amendment is submitted to amend the following:

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

The 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1860 Town Hall Circle

Suite 59

Fleming Isle, FL 32003

1860 Town Hall Circle

Suite 59

Fleming Isle, FL 32003

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA
MAY 14 2015

FILED

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:

1860 Town Hall Circle, Suite 59

Enter Florida street address

Fleming Isle

City

, Florida 32003

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ashley L Hooks	1860 Town Hall Circle Ste 59	<input type="checkbox"/> Add
		Fleming Isle, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kellianne Montgomery	1860 Town Hall Circle Ste 59	<input type="checkbox"/> Add
		Fleming Isle, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Karma Flotkoetter	1860 Town Hall Circle Ste 59	<input type="checkbox"/> Add
		Fleming Isle, FL 32003	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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 SECRETARY OF STATE
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☐ Add
☐ Remove
☐ Change

[illegible]

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.

Dated July 14, 2016

4 _____, 2016



Signature of a member or authorized representative of a member.

Donald L. Burroughs

Typed or printed name of signee

CPA/Author

SECRETARY OF STATE
FLORIDA
2018 JUL 19 PM 3:42

