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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 1 1 2016 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Drive Me to	o Better Speech Therapy Service	ces, LLC.	
SUBJEC		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
		Melissa Royer		
		·	Name of Person	
		Drive Me to Better Speech	Therapy Services, LLC.	
			Firm/Company	
		2216 Rodman Street		16 JUL -8 AHII: 52
			Address	
		Hollywood, FL 33020		- (8° 8° 8° 8° 8° 8° 8° 8° 8° 8° 8° 8° 8° 8
			City/State and Zip Code	cation) 52
		driveme2betterspeech@out		
For furth	er information c	e-mail address: ()	to be used for future annual report notificall:	cation) 2 5
Melissa	Royer		754 422-9569	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$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)
	MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drive Me to Better Speech Therap	y Services, LLC.		
(Name of the Lim	ited Liability Compa (A Florida Limited	any <mark>as it now appears on our record</mark> Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited I Florida document number <u>L16000101588</u>	Liability Company	were filed on May 18, 2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Drive Me to Better Speech, LLC.			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2216 Rodman Street	
(Principal office address MUST BE A STREET		Hollywood	
		FL 33020	5
!			E PR
Enter new mailing address, if applicable:		P.O. Box 223512	75 T
(Mailing address MAY BE A POST OFFICE			■ Mol
		FL 33022	
B. If amending the registered agent and	Var registered a	ffice address on our record	s enter the name of the bear
registered agent and/or the new registered of			s, encer the hame of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addre:	SS
		, FI	orida
	-	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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** N/A _□ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add _□ Change □ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change

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	AH II: 52
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ective date, if other than the date of filing:	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applic	cable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records	
record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	·
ted,	
,	·
A Contract	orized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00