

L16000113243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

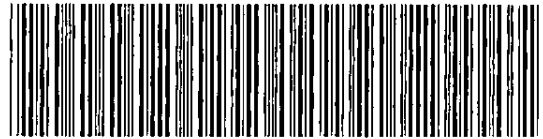
(Document Number)

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CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/21/2024

Acc#I20160000072

en: c SW

Name:	My Favorite Therapists, LLC
Document #:	
Order #:	15990791

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Ref# _____

Amount: \$ 55.00

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 NOV 21 AM 10:36

My Favorite Therapists, 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 06/08/2016 and assigned
Florida document number L16000113243.

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:

1239 East Newport Center Drive, #101-104

(Principal office address MUST BE A STREET ADDRESS)

Deerfield Beach, FL 33442

Enter new mailing address, if applicable:

1239 East Newport Center Drive, #101-104

(Mailing address MAY BE A POST OFFICE BOX)

Deerfield Beach, FL 33442

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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida

33324

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.

Laura Broderick

If Changing Registered Agent, Signature of New Registered Agent

LAURA BRODERICK, ASSISTANT SECRETARY

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	Kimberly Katari	1239 E Newport Center Dr, Ste 101	<input type="checkbox"/> Add
		Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jay Katari	1239 E Newport Center Dr, Ste 101	<input type="checkbox"/> Add
		1239 E Newport Center Dr, Ste 101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jay Katari	1239 E Newport Center Dr, Ste 101	<input type="checkbox"/> Add
		1239 E Newport Center Dr, Ste 101	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MFT Acquisition, LLC	353 North Clark Street, Suite 1400A	<input checked="" type="checkbox"/> Add
		Chicago, IL 60654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/20/2024

DocuSigned by:

Luke Breshaw

—FD6F1CC6D4FB405

FD6F1CC6D4FB405
Signature of a member or authorized representative of a member

Luke Bueshon

Typed or printed name of signee

Filing Fee: \$25.00