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SECRETARY OF STALE
TALL AHASSEF FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Focus Speech Therapy 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:
Joann Dessalines-Ramkine
Focus Speech Therapy LLC
2525 SW 73rd Terrace
Davie, FL 33317
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tourn DesSalines - Rankinea (616) 439-7750 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

ARTIC	CLES OF AMENDMENT	
ADTIC	TO LES OF ORGANIZATION	2 LEA
ARTIC	OF	1016 SEP 2 - U
Focus Sp. (Name of the Limited A	Liability Company as it now appears on dur r Florida Limited Liability Company)	2016 SEP 23 PM 3: 0. LAHASSEE, FLORIUF 1 1 1
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:	V COLUMN TO THE	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	uddress
		, 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 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

Address Type of Action Title <u>Name</u> MGR Joann Dessalines-Runkine 2525 SW 73 retrace Davie, FL 33317 ☐ Remove ☐ Change □ Add □ Remove □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

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L. Effective	date, if other than the date of filing: (optional) ve 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 605.0
Note: If the	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.
document	s effective date on the Department of State 3 feedras.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
f the record	Oth day after the record is filed.
f the record b) The 90	
b) The 90	September 19th 2016.
f the record b) The 90 Dated	September 19th, 2016.
(b) The 90	September 19th, 2016. Joanna John John John John John John John John

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Filing Fee: \$25.00