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D. SCOTT JAN 8 2019

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Speec	h Therapy Opti	ons. PLLC	
Nobstati	Name of Lin	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Gina M	Name of Person	
		herapy Ophons PLL	TILL 26 AUTODU 26
	512 Su	Wannel AVE SW Address	DEC 26 AGIN
	Live Oak	City-State and Zip Code)
	MU()()	13c gmail. Com	ation)
For further information co	ncerning this matter, please of		
Gina Marler Name of	Person	at (<u>386</u>) <u>362 - 85</u> Area Code Daytime T	
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) 3.50 attached tod	
		#52.50 pd 11/30/18	CK 2183
Registra Division P.O. Bo:	NG ADDRESS: tion Section t of Corporations x 6327 (see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Speech There (Name of the Limited)	Liability Company Florida Limited Lia	OAS, PLLO as it now appears of bility Company)	n our records.)	 -
The Articles of Organization for this Limited Liab Florida document number <u>L16</u> 002012	ility Company w عاد	rere filed onl	1/1/2016	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ıc limited liabili	ty company here	:	
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the desi	gnation "LLC" or the	_
Enter new principal offices address, if applicab	le:		<u>_</u>	= =====================================
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	Gina M 512 Su	iarler Wannee A		
New Registered Agent's Signature, if changing Res	<u> istered Agent:</u>			

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.

II Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
Mgr	Sheila Altman Pittman	12781 SE County Rd 25A	🗗 Add
J	Pittman	Jasper FL 32052	□ Remove
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effective date	is listed, the date n		annot be prior to date of file	ing or more than 90 days:		
		Department of Sta	eet the applicable statuto ate's records.	ry innig requirements,	inis date wii	i not be fisted
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ed	1/18/		2018			
edI		All	2018			
			ember or authorized repres	entative of a member		
		Organia Or Prin	or admonited replies			

Page 3 of 3

Filing Fee: \$25.00