L17000167442

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

COVER LETTER

Divisi	ion of Corp	porations		
C SUBJECT: _	arla's a	BA THERAPY SERVICES.	LLC.	
		Name of Lim	ited Liability Company	
The enclosed A	Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspor	idence concerning this matter	to the following:	
		Carla Castineiras		
			Name of Person	
			Firm/Company	
			гип/сопрапу	
		997 NW 33 Avenue		
			Address	
		Miami, FL 33125		
		CARLAC817@AOL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further info	ormation co	ncerning this matter, please ca	all:	
Carla Castineir			at () 683-9227 Area Code Daytime	
	Name of	Person '	Area Code Daytime	Telephone Number
Enclosed is a cl	heck for the	e following amount:		
□ \$25.00 Fili	ng Fee	S30.00 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)

TO:

Registration Section

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

CARLA'S ABA THERAPY SERVICES, L.L.C. (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 August 1, 2017 and assigned Florida document number L17000163442 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) 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: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Type of Action
MGR	Carla Castineiras	997 NW 33 Avenue, Miami, FL	■ Add
			Remove
		<u> </u>	Change
AP	Carla Castineiras		Add
			■ Remove
			☐ Change
			□ Add
		 	□ Remove
			☐ Change
			
			Remove
			☐ Change
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			Change

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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 605.02 inte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	ocument s er	rective date on	ше ізеранне	111 01 51	are s reco	ius.							
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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 605.03 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.	October Pated	/ \											

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Typed or printed name of signee

Filing Fee: \$25.00