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	Office Use Only	

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11/01/18--01016--004 (**25.00)

PILED 2018 NOV -1 PH 1: 47 ALL MHASSEE, FL

C. GOLDEN

TO: Registration Section Division of Corporations

THE MISSING PIECE BEHAVIORAL THERAPY LLC

SUBJECT: ____

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:

COUTCHARD POINT DU JOUR

Name of Person

THE MISSING PIECE BEHAVIORAL THERAPY LLC

Firm Company

5400 \$ UNIVERSITY DR UNIT 214

Address

DAVIE, F 33328

City/State and Zip Code

themissingpiecebt@gmail.com

E-mail address: (to be used for future annual report notification)

786

For further information concerning this matter, please call:

COUTCHARD POINT DU JOUR

Name of Person

at (_____) ___ Area Code

Daytime Telephone Number

402-6889

Enclosed is a check for the following amount:

■ \$25,00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, 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

C ARTICLES OF C)F	FILED
THE MISSING PIECE BEHAVIORAL THERAPY I	LLC	2018 NOV - 1 PM 1: 47
THE MISSING PIECE BEHAVIORAL THERAPY I (<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our ree Liability Company)	TALLARY OF STATE
The Articles of Organization for this Limited Liability Company	r were filed on 11/27 2017	and assigned
Florida document number L17000243165		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>illity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "I	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 o registered agent and/or the new registered office address her		ords. <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	 Enter Florida street add	
	 	Florida

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

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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:

1 MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>	
MGR	CRISTINA ANDRADE	8027 NW 27 PLACE SUNRISE FL 33322	O Add	
			Remove	
		<u>. </u>	Change	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 Ochober 28th 2018	
Signature of a member or authorized representative of a member	
COLIFCTIARD POINT DU JOUR	

Typed or printed name of signee

Filing Fee: \$25.00